



## **Surgical, Other Advances Improve Graft Survival of Intestinal, Multi-Visceral Transplant Patients**

Innovations in surgical techniques, drugs, and immunosuppression have improved survival after intestinal and multi-visceral transplants, according to a retrospective analysis of more than 500 surgeries done at UPMC over nearly 25 years.

Authors of the analysis include McGowan Institute for Regenerative Medicine affiliated faculty members [George Mazariegos, M.D.](#), Director of the Hillman Center for Pediatric Transplantation at the Children's Hospital of Pittsburgh of UPMC and Professor of Surgery, the Jamie Lee Curtis Endowed Chair in Transplantation Surgery, with joint appointments in the Departments of Anesthesiology and Critical Care Medicine at the University of Pittsburgh, and [Abhinav Humar, M.D.](#), Clinical Director of the Thomas E. Starzl Transplantation Institute and the Chief, Division of Transplantation in the Department of Surgery at the University of Pittsburgh Medical Center, and a Professor in the Department of Surgery at the University of Pittsburgh School of Medicine.



The study was led by Goutham Kumar, M.D., a transplant surgery fellow at UPMC's Thomas E. Starzl Transplantation Institute. Dr. Kumar was recognized for his work with the Young Investigator Award by the 2014 World Transplant Congress and presented his findings at the group's July 2014 meeting in San Francisco.

"UPMC has led the way in the development of new surgical techniques and important research involving transplantation, and our analysis shows that our innovations have made a real difference to patients," Dr. Kumar said.

The researchers examined 541 intestinal and multi-visceral transplants done at UPMC from 1990 to 2013. The total consisted of 228 pediatric transplants and 313 adult transplants; 252 were intestine-only transplants, 157 were liver-intestine, 89 were full multi-visceral, and 43 were modified multi-visceral. A majority of the pediatric patients suffered from gastroschisis, followed by volvulus and necrotizing enterocolitis. The adult patients needed transplants because of thrombosis, Crohn's disease, or some kind of obstruction.

Researchers analyzed several outcomes and found that pre-conditioning with certain immunosuppressants, the time the graft is outside of the body, certain blood types, and a disparity in the gender of donor and recipient were among the factors predicting graft survival.

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