

## **Liver V**

### **Liver Transplant for Non -Alcoholic Steatohepatitis**

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Non -Alcoholic steatohepatitis ( NASH ) or the new term Metabolic Associated Steatohepatitis ( MeSH) is an increasing indication for Liver transplantation in adults .It has been predicted that it will become the most common indication by the end of this decade.Such patients require transplantation for the complications of cirrhosis such as decompensated cirrhosis or acute on chronic liver failure.A further indication is Hepatocellular cancer. Patients with MeSH have more underlying metabolic conditions pre and post transplantation than other patients .These include Diabetes , Hyperlipemia ,Obesity ,Cardiac disease, Hypertension, CRF recurrent MAFLD and Sarcopenia .However one and 5 year patient survival rates are not different to non Mesh patients .In our own unit one and 5 year survival rates are 90% and 85% respectively .In international studies patient age Diabetes , ..have been associated with worse survival .One unique aspect of these patients is the development of recurrent disease . Hepatic steatosis may recur in up to 80% of patients with up to 30 % developing MesH and between 10-15 % of those patients developing cirrhosis over a 5 year period .There are currently no approved medications to alter the natural history of Mesh in the pre transplant period and thus none in the post transplant phase.A major cause of concern is the high prevalence of Diabetes post transplant in these patients .We currently use a steroid free protocol in Mesh patients ( Basilixumab and tacrolimus induction) plus or minus MMFF depending on underlying renal function.

Given all of the above the long term outcomes beyond 10 years in these patients is likely to be inferior to routine patients .The introduction of protocol liver biopsies and non invasive fibrosis monitoring is likely to become necessary together with minimisation of immunosuppression and aggressive management of the underlying metabolic conditions for long term outcomes to be maximised .