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Perspective

Outcomes and Prevention of Liver Cirrhosis in Adolescents after Biliary Atresia

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DESCRIPTION

Biliary atresia is a rare condition that affects newborns, in which the bile ducts that carry bile from the liver to the intestine are blocked or damaged. Bile is a fluid that helps digest fats and remove toxins from the body. When bile cannot flow out of the liver, it builds up and damages the liver cells, leading to scarring and cirrhosis. Biliary atresia can cause jaundice, itching, poor growth, and liver failure. The cause of biliary atresia is unknown, but it may be related to infections, genetic factors, or immune system problems. The condition is diagnosed by blood tests, imaging tests, and liver biopsy. The treatment for biliary atresia is surgery to restore bile flow and prevent liver damage.

The Kasai procedure is the first treatment for biliary atresia. It is usually done within the first two months of life. The procedure involves removing the damaged bile ducts outside the liver and attaching a segment of the small intestine directly to the liver. This creates a new pathway for bile to drain into the intestine. The Kasai procedure does not cure biliary atresia, but it can improve bile flow and delay or prevent liver failure. The success of the procedure depends on several factors, such as the age of the child, the extent of liver damage, and the skill of the surgeon. The Kasai procedure has some risks and complications, such as bleeding, infection, bowel obstruction, and cholangitis (inflammation of the bile ducts). Cholangitis can be a serious complication that requires prompt treatment with antibiotics. After the procedure, children need regular follow-up visits and blood tests to monitor their liver function and growth.

Liver transplantation is a surgery that replaces a diseased or injured liver with a healthy one from another person (a donor). It is considered when biliary atresia leads to serious complications or when the Kasai procedure fails to improve bile flow. Most children with biliary atresia eventually need a liver transplant, even after a successful Kasai procedure. This is because biliary atresia is a progressive disease that causes chronic liver damage and cirrhosis over time. In some cases, children may need a liver transplant within the first year of life. In other cases, they may need it later in childhood or adolescence.

It can improve the quality and length of life for children with biliary atresia. However, it also has some risks and challenges, such as finding a suitable donor, waiting for a transplant, undergoing major surgery, taking immunosuppressive drugs to prevent rejection, and coping with possible complications or side effects. There are two types of liver transplantation: deceased donor transplantation and living donor transplantation. Deceased donor transplantation uses a liver from a person who has died and donated their organs. Living donor transplantation uses a part of a liver from a living person who is willing to donate (usually a relative or a friend). Living donor transplantation has some advantages over deceased donor transplantation, such as shorter waiting time, better matching, and lower risk of rejection. However, it also has some disadvantages, such as higher risk of complications for the donor, smaller size of the graft (the transplanted liver), and ethical issues.

CONCLUSION

It is a highly successful treatment for biliary atresia. Survival after surgery has increased dramatically in recent years. Children with biliary atresia are now surviving well into adulthood. Improvements in transplant surgery have also led to a greater availability of livers for transplantation in children. One of the leading countries in living donor transplantation for biliary atresia and 20 year survival rates for patients undergoing transplantation were 91.6%, 91.5%, 87.1%, 85.4% and 84.2%, respectively. The corresponding survival rates for grafts were 90.5%, 90.4%, 84.6%, 82% and 79.9%, respectively. Living donor transplantation can be performed even in patients weighing less than 5 kg with early liver failure following a Kasai operation using a reduced left lateral segment. This can improve the outcomes and reduce the mortality for these patients. As liver transplantation has been shown to increase the survival and quality of life for children with biliary atresia, early referral to a transplant center should be considered when at least one complication of cirrhosis occurs during its natural history, especially in adolescents.

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