

# Heart Transplantation Outcomes in Multiorgan Transplants

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OBJECTIVES	ABSTRACT	METHODS
<p>We sought to elucidate the differences in outcomes between patients undergoing multiorgan transplants.</p> <p>Specifically we assessed the differences in outcomes between patients undergoing Heart-Lung (HL) Heart-Lung-Kidney (HLK) and Heart-Lung-Liver (HLL) multiorgan transplantation</p>	<p>Using the UNOS registry, we compared outcomes in HL, HLK, and HLL recipients. Analysis was performed using multivariate Cox proportional hazard regression model that adjusted for age, sex, race, diagnosis of diabetes, ischemic time, recipient wait-time, HLA mismatch, need for dialysis, and need for life support.</p> <p>Patients who were younger than 18 years old or who were lost-to-follow-up were excluded. Kaplan-Meier survival analysis was performed.</p>	<p>HL recipients were more likely to have undergone prior non-transplant cardiac surgery (HL 91.6% vs HLK 75.0% vs HLL 75.0% p=0.033).</p> <p>HLK patients were more likely to require VAD support (HL 1.2% vs HLK 12.5% vs HLT 0.0% p=0.015), have higher serum creatinine (HL 1.0 mg/dL ± 0.6 vs HLK 2.4 ± 1.3 vs HLL 0.9 ± 0.5 p&lt;0.001), require dialysis (HL 1.5% HLK 37.5% and HLL 0.0% p&lt;0.001), and have higher pulmonary capillary wedge pressures (HL 15.5mmHg ± 9.4 vs HLK 26.2 ± 11.0 vs HLL 13.0 ± 10.1 p=0.038).</p> <p>There was no significant difference in mortality between the groups.</p>

Figure 1

## CONCLUSION

Despite increasing risk factors, Heart-lung transplant concomitant with either kidney or liver transplant did not affect survival compared to heart-lung transplants alone. Carefully selected patients may benefit from triple organ transplantation, however, ethical issues of organ utilization may arise.

## REFERENCES

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