

屍體肝臟移植後腦室內及蛛網膜下出血所致之早期死亡：個案報告

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Early mortality resulted from idiopathic intraventricular and subarachnoid hemorrhage after deceased donor liver transplantation: a case report

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Neurological complications are major causes of morbidity and mortality after liver transplantation (LT). We present a case receiving deceased donor liver transplantation (DDLT) complicated with brainstem dysfunction attributed to idiopathic intra-ventricular and diffuse subarachnoid hemorrhage less than 24 hours after transplantation.

The 45-year-old man received DDLT for alcoholic cirrhotic liver by using right lobe graft of splitting deceased donor. Sudden onset of change of consciousness followed by pulseless electrical activity and no light reflex of bilateral pupils were found at fourteen hours after LT. Extracorporeal life support system was applied immediately after poor response to primary cardiopulmonary resuscitation. Acute coronary syndrome or pulmonary embolization were impressed and excluded later by emergent diagnostic coronary arterial catheterization and computed tomography (CT) of chest after resuscitation. The CT of brain demonstrated intra-ventricular hemorrhage (IVH) involved in all four cerebral ventricles and diffuse subarachnoid hemorrhage. Despite prompt management, progressive brainstem dysfunction and exacerbated coagulopathy resulted in mortality within 48 hours after LT. Intracranial hemorrhage is uncommon after LT and potentially results in high mortality.