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Intravenous immunoglobulins in liver transplant patients: Perspectives of clinical immune modulation

Arno Kornberg

Abstract

Shortage of appropriate donor grafts is the foremost current problem in organ transplantation. As a logical consequence, waiting times have
and pretransplant mortality rates were significantly increasing. The implementation of a priority-based liver allocation system using the mode
stage liver disease (MELD) score helped to reduce waiting list mortality in liver transplantation (LT). However, due to an escalating organ scar
LT MELD scores have significantly increased and liver recipients became more complex in recent years. This has finally led to posttransplant de
survival rates, attributed mainly to elevated rates of infectious and immunologic complications. To meet this challenging development, an ir
number of extended criteria donor (ECD) grafts are currently accepted, which may, however, aggravate the patients' infectious and immunol
profiles.

The administration of intravenous immunoglobulins (IVIg) is an established treatment in patients with immune deficiencies and other a
mediated diseases. In addition, IVIg was shown to be useful in treatment of several disorders caused by deterioration of the cellular immune s
proved to be effective in preventing hyperacute rejection in highly sensitized kidney and heart transplants. In the liver transplant setting, th
istration of specific Ig against hepatitis B virus is current standard in post-LT antiviral prophylaxis.

The mechanisms of action of IVIg are complex and not fully understood. However, there is increasing experimental and clinical evidence that
an immuno-balancing impact by a combination of immuno-supporting and immuno-suppressive properties. It may be suggested that, especia

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