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**Thrombocytopenia after liver transplantation: should we care?**

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### Abstract

Transient thrombocytopenia is a common phenomenon after liver transplantation. After liver transplantation, platelet count decreases and reaches a nadir on postoperative days 3-5, with an average reduction in platelet counts of 60%; platelet count recovers to preoperative levels approximately two weeks after LT. The putative mechanisms include haemodilution, decreased platelet production, increased sequestration, medications, infections, thrombosis, or combination of these processes. However, the precise

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MT de Boer, MC Christensen, M Asmussen... - Anesthesia & ..., 2008 - journals.lww.com

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... However, preoperative thrombocytopenia, most common in patients with HCC and likely reflecting some degree of ... get the pedicle to delineate the resection area or simply get the pedicle after you go ... on were Child's A. And there were only 6 of 55 deaths due to liver failure alone ...

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作者 : MA Chatzipetrou - 1999 - [被引用次数 : 57](#) - [相关文章](#)

1999年3月15日 - BACKGROUND: Thrombocytopenia after orthotopic liver transplantation (OLT) is a well recognized and prevalent early postoperative complication. The etiology, as well as the effect of this phenomenon on transplant outcome, however, are vague. The aims of this study are to identify factors contributing to ...

缺少字词 : care

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Conclusions: Based on these findings, treatment with high dose intravenous immunoglobulins should be considered in the management of severe thrombocytopenia after liver transplant, although additional randomized trials are warranted. ... an additional group of 8 consecutive patients we conclude that this particular ...

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J Hepatol. 1992 Sep;16(1-2):16-22. **Thrombocytopenia post liver transplantation**. Correlations with pre-operative platelet count, blood transfusion requirements, allograft function and outcome. McCaughan GW(1), Herkes R, Powers B, Rickard K, Gallagher ND, Thompson JF, Sheil AG. Author information: (1)A.W. Morrow ...

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In conclusion, **after** LT, platelet counts <60. 3 10<sup>9</sup>/L on POD5 (the 60-5 criterion) **are** an independent factor associated with severe complications and early **graft** and patient survival. These findings may help us to develop protective strategies or specific **interventions** for high-risk patients. **Liver Transpl** 20:147-155, 2014.

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