A Case of Fatal Herpetic Hepatitis after Liver Transplantation

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Case. F/49. Alcoholic cirrhosis
- As of the date of liver transplantation (2018.2/28)
  - 3 months ago (2017.12), jaundice developed.
  - 9 weeks ago, admission to other hospital for generalized edema and ascites
  - 8 weeks ago, admitted via ER due to melena
  - 16 days ago (HD #43), hematemesis → EVL and ICU care
  - 14 days ago (HD #45), pulmonary edema & ARDS → intubation & ventilator care
  - 9 days ago (HD #50), hypotension and oliguria → vasopressors + CRRT
- DDLT on 2018.02.28 (HD #59)
  - MELD 40
  - Under vasopressor (NE + epinephrine + Vasopressin)
  - Under mechanical ventilator
  - Under CRRT

Chest X-rays (Pre-transplant)
HD #46 HD #54 HD #57 (DDLT)
FiO2 40-50%, on CRRT
Norepinephrine 0.4mcg/kg/min
Epinephrine 0.3mcg/kg/min
Vasopressin 0.04U/min

Generalized rash (POD 6)
followed by sudden increase in AST (from 166 to 9408)
followed by collapse and demise (POD 9)

2. Post-LT course
- DDLT data
  - Graft fatty change <5% (31/M)
  - Operation time 11h, ischemic time 8h 26m
  - RBC 12 pints, FFP 11 pints, PC 18 units and Cryoprecipitate 19 units
- Postoperatively, getting better and uneventful recovery until day 6
  - Near alert mentality
  - Under CRRT and ventilator care

Liver and skin biopsy and CT results

Tissue & Blood HSV-1, II & VZV PCR results

Skin biopsy
- VZV PCR Positive

Liver biopsy
- HSV-1 PCR, Weakly positive
- VZV PCR Positive

Blood
- VZV PCR, Positive

Diagnosis

- Acute liver failure due to viral hepatitis
- Fulminant hepatic failure

CT on POD 48, No major vascular complication

In patients without CMV prophylaxis, short term antiviral prophylaxis for HSV also effective against VZV during the immediate post-LT period should be considered.

Table 1: Recommendations for CMV, HSV and VZV prophylaxis

Conclusion

1. Case. F/49. Alcoholic cirrhosis
2. 2. Post-LT course
3. Generalized rash (POD 6)
4. 3. Liver and skin biopsy and CT results
5. Tissue & Blood HSV-1, II & VZV PCR results
6. Conclusion