

Postreperfusion Cardiac Arrest (PRCA) in the Era of Liver Transplantation From Extended Criteria Donor Liver Grafts

Liver transplantation (LT) is generally considered to be the non-cardiac surgery with the highest risk of intraoperative cardiac arrest (ICA). Noteworthy, ICA is most often observed during the reperfusion period and is specifically named as postreperfusion cardiac arrest (PRCA). PRCA is a rare but catastrophic intraoperative cardiovascular complication associated with high perioperative mortality. Indeed, the etiology of PRCA is multifactorial, including recipient, donor, surgical, and anesthesia-related causes. Nonetheless, donor-related factors have captured increasing attention in response to the increased worldwide utilization of expanded criteria donor (ECD) liver grafts, especially donation after circulatory death (DCD) and macrosteatotic liver grafts. Numerous studies have revealed that there is a close relationship between the use of ECD liver grafts and the occurrence of postreperfusion hyperkalemia, postreperfusion syndrome (PRS), and PRCA. However, the exact mechanism of postreperfusion hyperkalemia and PRCA induced by ECD liver grafts has not been fully elucidated. Most importantly, there remains a paucity of effective strategy for the prevention and treatment of PRCA during LT from ECD liver grafts. In the era of ECD, more studies are warranted to clarify the etiologies, preventions, and treatments of postreperfusion hyperkalemia and PRCA.

This special issue is designed to collect and publish research of PRCA in the era of LT from ECD liver grafts, especially focusing on prevention and therapy to reduce the incidence of PRCA induced by ECD liver grafts. We accept original clinical and fundamental research articles, case reports, or comprehensive reviews. The goal of this special issue is to help liver transplant surgeons and anesthesiologists learn new advances of prediction, prevention, treatment of PRCA during LT from ECD liver grafts.

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Interest: Postreperfusion syndrome during liver transplantation, Difficult airway management, Anesthesia for gastrointestinal endoscopy, Quality control and assurance in anesthesia

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