Postgrad. med. J. (March 1969) **45**, 195.

Preface

ROGER WILLIAMS
M.D., M.R.C.P.

THIS *Symposium on Liver Disease* from the Liver Unit at King's College Hospital, formed part of a postgraduate day on gastroenterology organized by Dr John Wagstaff and his colleagues at the Sussex Postgraduate Medical Centre. It would not have been possible without the generous support of G. D. Searle and Co. Ltd and the help of Mr G. F. Marshall and Mr J. A. Kemp.

In drawing up the programme for this Symposium it was decided to concentrate on the more practical aspects of liver disease though some of the Unit's current research interests in bilirubin metabolism, iron overload and hypersplenism were also included. There were two other important aspects which came up in the discussion, namely, the prognosis of cirrhosis and the present position of hepatic transplantation, about which I could perhaps briefly comment here.

Many may not realize that the prognosis in cirrhosis as a whole is worse than that of many forms of cancer. In an unselected series of 156 patients with cirrhosis seen in a general hospital in Birmingham between 1959 and 1965, Stone, Islam & Paton (1968) found a 5-year survival rate of only 14·3%; the alcoholic cirrhotics lived longer (20·2%) than those in the cryptogenic group (5·1%). The survival of the ascitic cases was no better than that reported by Ratnoff & Patek in 1942; an indication that the undoubted efficiency of present day diuretics may be balanced by the occurrence of complicating electrolyte disorders. The incidence of hepatoma also appeared to be increasing although Powell & Klatskin (1968) from Yale, New Haven, had more encouraging findings. In a large group of predominantly alcoholic cirrhotics they found that 63% of those subsequently abstaining were alive at the end of 5 years as compared with 41% of those who continued to drink. However, 18% of the patients in the Birmingham series were diagnosed by chance or had died from other causes before hepatic symptoms developed, and a true picture of the natural history of cirrhosis will only be obtained when the incidence of symptomatic disease in the community can be established.

The recent transplants by Calne & Williams (1968) in this country and the latest reports from Starzl and his group (1968) in Denver have shown that it is possible to overcome all the immediate problems involved in the formidable surgical feat of hepatic transplantation in man. Six of the nine patients (seven children and two adults) included in Starzl's most recent series had biliary atresia and three primary hepatomata. At the time of writing (December 1968) a number of patients are alive and well, the longest survival to date being 1 year. Rejection may not be such a problem as with other organs and one hopes that the human liver will behave not like that of the dog, in which rejection does occur, but like that of the pig. The porcine liver appears to exert a profound immuno-suppressive effect. Not only does it protect itself from rejection but it also confers long-term survival on skin and kidney grafts done simultaneously (Calne, 1968). According to Terblanche & Riddell (1967) there are between 600 and 1000 patients a year in England and Wales who could possibly benefit by liver transplantation. This includes some 300 patients with cirrhosis and a smaller number of patients with primary hepatic or biliary carcinoma and biliary atresia. A major problem, however, is the lack of an artificial liver to help in the support of such patients before operation and many problems remain to be solved.

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