

# First-degree relative grafts don't up liver disease recurrence

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significantly affect recurrence rates. Similarly, the source of the liver did not significantly affect time to recurrence, recurrence-related graft failure, graft survival, or patient survival.

"This study indicates that recipients with autoimmune liver diseases, who receive grafts from first-degree relatives are not disadvantaged by increased [disease recurrence](#), reduced [graft survival](#) or reduced patient survival compared to those who receive grafts from distant/unrelated donors and deceased donors," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—In liver transplantation (LT), patients who receive living donor grafts from first-degree relatives due to autoimmune liver diseases are not prone to increased disease recurrence, compared to those who receive grafts from distant/unrelated donors and deceased donors, according to a study published online April 18 in the *American Journal of Transplantation*.

Aloysious D. Aravinthan, M.B.B.S., of the University of Toronto, and colleagues studied 263 patients who underwent a first LT in the Toronto [liver](#) transplant program between January 2000 and March 2015 for autoimmune [liver diseases](#). Patients had at least six months of post-LT follow-up.

The researchers found that 72 patients (27 percent) received a graft from a first-degree living-related donor, 56 (21 percent) from a distant/unrelated living donor, and 135 (51 percent) from a deceased donor. Recurrence occurred in 20 percent of patients. Source of LT did not

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