MELD or PELD Score Exception History

ILNM-TX1

Adult	Date of birth	Waitlist ID	SSN	
TERRENCE P ENRIGHT	01/22/1957	1444616	336-52-2223	A

Important! A MELD or PELD score exception application cannot be added for a candidate removed from the waiting list.

Application date	Application type	Application status	Diagnosis	Laboratory MELD/PELD score	Exception score	Recertification due date
01/27/2023 19:12:48	Initial	Denied	Other specify	7	MTS	
01/27/2023 19:12:48	Appeal	Denied	Other specify	7	MTS -3	
03/10/2023 08:30:29	Initial	Approved	Other specify	7	MTS -3	06/11/2023

Back

Initial MELD Exception

Case # 101602

Submitted 01/27/2023 19:12:48

Resolved 01/31/2023 17:35:09

Status Denied

ILNM-TX1

Adult	Date of birth	Waitlist ID	SSN	
TERRENCE P ENRIGHT	1/22/1957	1444616	336-52-2223	A

Important! This candidate has been removed from the waiting list.

Requested score **MMaT** Median MELD at transplant.

Diagnosis:

Other specify: ischemic cholangiopathy

Justification narrative

We are requesting MELD exception for consideration of retransplant for our patient who developed a COVID associated late hepatic artery thrombosis which has resulted in severe bilomas with multiple infections from multidrug resistant organisms. Patient is a 65 year old male who underwent standard OLT 2/28/22 for history of HCV cirrhosis complicated by HCC. Patient received a DBD organ from a donor of a CVA event. His hepatic artery reconstruction was standard anatomy without complex reconstruction. He was doing very well, working, creating support group for transplant patients, supportive friends and family, with a good quality of life, until approximately 3 months post-op when he had a mechanical fall and developed a large symptomatic SDH requiring surgical evacuation and middle meningeal artery embolization. He was taken off aspirin prophylaxis in the setting of the SDH. He did extremely well thereafter ? he was fully independent and even created a local support group and website for patients awaiting liver transplant! Unfortunately, he contracted acute COVID infection despite full vaccination and Evusheld prophylaxis 4 months later (~7 months post-op). His COVID course was mild but was complicated by acute hepatic artery thrombosis with associated hepatic infarction. Interventional radiology attempted mechanical thrombectomy as well as 24-hour thrombolysis via catheter directed tPA without successful recanalization of the hepatic artery. We should note that COVID infection has been associated with increased rates of thromboembolism and was likely the provoking factor for HAT. Within two weeks of HAT, he developed large bilomas (2-3cm) throughout his liver with associated sepsis (fevers/leukocytosis/hypotension) with aeromonas bacteremia. Subsequent biliary aspiration has grown multiple MDROs x2: once with VRE and candida glabrata and later with VRE and stenotrophomonas both in the setting of clinical sepsis. He initially had ERCP attempted drainage of biliary system however endoscopic stents were unsuccessful at providing adequate drainage of peripheral bilomas. Ultimately PTC of the left and right systems with internal and external drains were successful however he has multiple large persistent bilomas throughout the periphery of the liver without discernable biliary system remaining on cholangiograms. He has remained on broad spectrum antibiotics and antifungals given recurrent episodes of fevers with recurrent hospitalization. He has lost ~40lbs since recovery after transplant with BMI 25 to 20 currently. His prior SDH has resolved and neurosurgery has deemed him low risk for future cerebrovascular events. His native MELD remains low at 8 and thus we are requesting MELD exception of median MELD at transplant to facilitate re-do liver transplant given COVID provoked HAT leading to obliteration of his biliary system with multiple bilomas and recurrent infections with drug resistant organisms.

Review Board Voting

Name	Vote	Comments
XXXXXX		
XXXXXX		
XXXXXX	Approve	
XXXXXX	Deny	Further documentation required per MELD exception guidelines: Late Vascular Complications Patients with hepatic artery thrombosis occurring within 7 days of transplant with associated severe graft dysfunction may be eligible for Status 1A, or occurring within 14 days of transplantation without severe graft dysfunction may be eligible for a standard exception of 40.3940 Cases of late hepatic artery thrombosis which do not meet these criteria are not eligible for standard MELD exception. Due to the highly variable outcomes associated with late hepatic artery thrombosis, there is inadequate evidence to support granting a MELD exception in adult candidates with the typical clinical symptoms, including hepatic abscess and intrahepatic biliary strictures that may be associated with late HAT. However, patients with atypical severe complications may be considered for MELD exception on an individual basis. Complications that warrant consideration of MELD exception are similar to those criteria noted for DCD cholangiopathy (with 2 or more episodes of cholangitis requiring hospital admission over a 3 months period plus biliary strictures not responsive to further treatment or bacteremia with highly resistant organisms). Patients with early HAT just beyond 7 or 14 day cut off with evidence of severe graft dysfunction may be considered for MELD exception, depending on the clinical scenario.
XXXXXX	Deny	Although patient may not qualify for exception points due to hepatic artery thrombosis, he may qualify for exception points due to clinical presentation similar to DCD cholangiopathy. Although bilirubin is less than 2 mg/dL, there is submitted documentation of 2 or more episodes of cholangitis, plus biliary strictures not amenable to recanalization. Although patient can be considered for exception points it may be reasonable to warrant median MELD -3 rather than median MELD.

Authorization

Transplant physician name: R juan carlos caicedo

Transplant physician NPI: R 1548216435

Application submitted by: Nina Kay

Email decision to: R nkay@nm.org

Candidate MELD data Hide details

Medical urgency status Calculated lab score

MELD 7

MELD 7

Serum creatinine

0.63 mg/dL

01/19/2023

Serum sodium

132.00 mEq/L

1/19/2023 12:00:00 AM

Bilirubin

0.60 mg/dL

01/19/2023

INR

1.10

01/19/2023

Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test?

No

Albumin (g/dL)

3.20 g/dL

01/19/2023

Height

182.88 cm

6 ft 0 in

Weight

72.12 kg

159.00 lbs

Encephalopathy

none

01/19/2023

Ascites

absent

01/19/2023

Back

Initial MELD Exception Appeal

Case # 101602

Submitted 02/02/2023 17:58:04

Resolved 02/13/2023 12:03:03

Status Denied

ILNM-TX1

Adult	Date of birth	Waitlist ID	SSN	
TERRENCE P ENRIGHT	1/22/1957	1444616	336-52-2223	A

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Requested score

MMaT
-3

Diagnosis:

Other specify: ischemic cholangiopathy

Justification narrative

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Review Board Voting

Name	Vote	Comments
XXXXXX	Approve	
XXXXXX	Deny	MELD exception not supported for late HAT with typical symptoms including hepatic abscess/biloma
XXXXXX	Approve	
XXXXXX	Deny	Per OPTN guidance, pt does not meet criteria for MELD exception
XXXXXX	Approve	

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Transplant physician NPI: R 1548216435

Application submitted by: Nina Kay

Email decision to: R nkay@nm.org

Candidate MELD data Hide details

Medical urgency status

MELD 7

Calculated lab score

MELD 7

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01/19/2023

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1/19/2023 12:00:00 AM

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01/19/2023

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01/19/2023

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01/19/2023

Height

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6 ft 0 in

Weight

72.12 kg

159.00 lbs

Encephalopathy

none

01/19/2023

Ascites

absent

01/19/2023

Back

Initial MELD Exception

Case # 102176

Submitted 03/10/2023 08:30:29

Resolved 03/13/2023 20:32:46

Status Approved

Effective 3/13/2023 - 6/11/2023

ILNM-TX1

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Review Board Voting

Name	Vote	Comments
XXXXXX	Approve	
XXXXXX	Approve	
XXXXXX		
XXXXXX	Approve	"Complications that warrant consideration of MELD exception are similar to those criteria noted for DCD cholangiopathy" ... he meets those.
XXXXXX	Approve	

Authorization

Transplant physician name: R juan carlos caicedo

Transplant physician NPI: R 1548216435

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