


**CR23****Balloon aortic valvuloplasty as a bridge to liver transplantation in patients with severe aortic stenosis**

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Keywords: aortic stenosis, balloon aortic valvuloplasty, liver transplantation

**INTRODUCTION/OBJECTIVES:** Liver transplantation in patients with end-stage liver disease and concomitant severe aortic stenosis is considered to be high-risk surgery, due to the increased morbidity and mortality in the perioperative period, as well as incidence of intraoperative complications. These occur due to cirrhotic cardiomyopathy, decreased systemic vascular resistance and decreased intravascular volume, which oppose the pathophysiologic requirements of aortic stenosis. Aortic valve replacement is also contraindicated in these patients due to increased perioperative mortality.

**CASE PRESENTATION:** A 41-year-old woman presented with an acute liver failure resulting from a fulminant Hepatitis B infection and underwent orthotopic liver transplantation. Following a series of acute cholangitis attacks due to biliary strictures, the patient was diagnosed with decompensated Child-Pugh B liver cirrhosis of the graft. She also suffered from aortic valve stenosis, detected in 2018, which progressed to severe by 2021. Subsequently, an interdisciplinary meeting was held and a balloon-dilation of the aortic valve was conducted, with the transvalvular pressure gradient reduction of 30%, which enabled the second liver transplantation to be performed.

**CONCLUSION:** Multiple therapeutic approaches with respect to timing the liver transplantation and valve replacement have been used, but at this point consensus has not been reached. Balloon aortic valvuloplasty as a bridge to liver transplantation could present a solution to the challenges that these comorbidities present. It is important to emphasize the significance of multidisciplinary approach involving gastroenterologists, cardiologists, cardiac and abdominal surgeons and anesthesiologists. Further research on this method is required to objectify the advantages and disadvantages of this approach.


**CR24****Breast reconstruction and capsular contracture as its complication**

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Keywords: Breast cancer, breast reconstruction, capsular contracture, radiotherapy

**INTRODUCTION/OBJECTIVES:** In 2020, 2894 breast cancer cases were diagnosed in Croatia according to ECIS. The mastectomy is one of the surgical treatment for breast cancer. The breast reconstruction can be primer preformed in the same procedure as skin sparing mastectomy or secondary. When preformed as primer reconstruction we mostly use silicon breast implants. Patients that undergo both implant-based breast reconstruction and radiotherapy have greater risk of developing a capsular contracture. The capsular contracture is an excessive fibrotic reaction to the implant.

**CASE PRESENTATION:** The patient is a 48-years-old woman who was diagnosed with invasive breast cancer. The skin and nipple sparing mastectomy (SNSM) and sentinel lymph node biopsy of the right breast was preformed and prophylactic SNSM of the left breast. After surgery patient underwent a period of radiotherapy which was complicated by radiation-induced dermatitis and lymphedema of the right hand. In the local status the right breast was positioned higher with tightness in the breast tissue. After completing oncology treatment patient was hospitalized for surgical treatment of bilateral capsular contracture with lipotransfer to both breasts. After the surgery no complications were present.

**CONCLUSION:** In patients that undergo adjuvant radiotherapy after implant-based breast reconstruction, capsular contraction should be considered as most common complication.