Introduction:
Liver transplantation is the definitive treatment in end-stage liver cirrhosis with increased survival in the early years. There are several complications, but infection is the major cause of morbidity and mortality after transplantation. The objective was to evaluate the outcome of patients in the postoperative period of liver transplantation, in which the donors were in the presence of infection.

Methods:
Were analyzed all liver transplants performed in a large hospital in the period from 2014 to the beginning of 2017, which presented donor infection and evaluated: identification of the microorganism, antibiotic therapy and outcome (survival) in 30 days.

Results:
From 2014 to early 2017, 71 patients underwent liver transplantation. Of these, 07 (10%) received organs from donors in the presence of infection. The infectious agents identified in donors varied between Acinetobacter baumannii, Enterobacter cloacae, Klebsiella pneumoniae Carbapenemase, VDRL and toxoplasmosis (IGG and IGM) tests positive, and anti-HBC positive serology. Therefore, bloodstream infection was present in all donors. The protocol of the institution was followed being collected cultures of the recipient and maintained antibiotic in the postoperative period. No deaths were attributed to the infection.

Conclusion:
Postoperative care, associated with the continuity of antibiotic therapy or the early initiation of treatment of infection, as well, as care in the prevention of new infections, are primary procedures for a significant reduction in mortality in liver transplantation.

References:
2013 The American Association for the Study of Liver Diseases
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