

Introduction

Orthotopic liver transplantation is currently an accepted therapeutic option for treatment of patients in hepatic failure; for selected patients with hepatomas and biliary tract tumors, and for hepatic replacement in certain inherited metabolic disorders. The first successful orthotopic hemotransplantation of the liver in human was performed in 1963 by Starzl and colleagues, followed by Moore et al. in Boston and Demirleau and associated in Paris, most clinical experiences since then have been obtained by Starzl's group in Pittsburgh and by Calne's group in Cambridge.

Certainly, hepatic transplantation facilities should be centralized by geographic region because the personnel and resources necessary are extensive. Not only are skilled surgeons and anesthesiologists are required, but knowledgeable immunologists, hepatologists and pathologists are needed. Blood Banks should be stressed to the maximum. Another difficulty is encountered with operating room availability since hepatic transplantation procedures are very time consuming endeavors (*Busuttil, 1996*).