Every medical service area has a critical need for access to advanced liver disease care that includes liver transplantation. Lourdes has long served as South Jersey’s source for such services, performing its first liver transplant 15 years ago. Now, Lourdes has further enhanced its hepatology/liver transplant program through a partnership with Thomas Jefferson University Hospital’s well-respected Division of Gastroenterology and Hepatology.

Millions of Americans suffer from some form of liver disease, and the incidence has risen over recent years. Expanding prevalence is now due in part to an aging population exposed to hepatitis, the obesity-related increase in fatty liver conditions and the never-ending burden of alcohol-related liver damage.

“New advances, including combination anti-viral therapy and refinements in critical care, are improving odds for these patients,” said Manish Thapar, MD, a United Network for Organ Sharing (UNOS) certified transplant hepatologist who, in a special arrangement with Jefferson, is leading expansion of Lourdes’ liver transplant service.

**Care that is Closer, Prompter, Comprehensive**

Without such a full-service liver program locally available, South Jersey patients would need to seek liver transplant at more-distant locations. But travel may be a challenge for these very-sick patients.

“When these patients delay their care, they lose valuable time. If they don’t make it to the transplant list, they are potentially deprived of a lifesaving procedure. Earlier referral for transplant in the course of liver disease makes for better outcomes,” said Dr. Thapar, who serves as the medical director of Lourdes’ liver transplant program.

In September, Lourdes received approval from UNOS to reactivate its liver transplant program, after a pause due to staffing changes. Patients previously listed with Lourdes and those seeking evaluation have been notified. Lourdes hepatology services also include:

- Management of acute and acute-on-chronic liver failure
- Inpatient care of patients with chronic and end-stage liver disease
- Management of hepatitis B and C, refractory ascites and portal hypertension
- Treatment of advanced hepatic encephalopathy, and autoimmune and cholestatic liver disease
- Evaluation of patients with hemochromatosis and other genetic disorders, as well as porphyrias (a focus of Dr. Thapar’s)
- Long-term care of liver transplant patients

**Two Strong Programs Partner**

For many years, Lourdes has had excellent outcomes among its liver transplant patients, due in part to patient participation in Lourdes’ continuum of care in hepatology services. The team includes highly experienced surgeons and hepatologists, and a sophisticated, well-developed hepatitis practice.

“We are seeing an increase in new referrals for transplant.”

UNOS-certified transplant hepatologist Manish Thapar, MD

“Collaboration between Lourdes and Jefferson, through shared physician resources, will further enrich care for South Jersey patients with all stages of liver disease,” said Dr. Thapar, who previously served as medical director for liver transplantation at Hahnemann University Hospital. “We are seeing an increase in new referrals for transplant at Lourdes.”

The Southern New Jersey Center for Liver Disease:
63 Kresson Road, Suite 105, Cherry Hill, New Jersey. For appointments and consultations, call 856-796-9340. For inpatient transfers, call 856-757-3999 for the medical center coordinator.

For more information, visit www.lourdesnet.org or call 1-888-LOURDES (1-888-568-7337).
How Does Lourdes Evaluate Liver Lesions/Masses?

The need to evaluate a suspected or detected liver mass is not an uncommon clinical challenge, and with liver cancer becoming one of the primary reasons for liver transplantation, Lourdes’ hepatology program is especially attuned to this capability. Whether first found incidentally through imaging or during screening, focal liver lesions demand prompt and definitive characterization.

With so much patient imaging today, gastroenterologists and hepatologists often receive consultations for lesions spotted on the liver. The lesions rarely cause symptoms and are often found during an ultrasound, or sometimes by CT or MR imaging in follow-up. (Patients at risk for liver cancer—those with cirrhosis—should be screened, at least by ultrasound, every six months.)

“The finding of a liver lesion, whether in an individual at risk for liver cancer or not, understandably causes great concern for patient and physician,” said Dr. Thapar. Ultrasound results, though, are typically nonspecific and nondiagnostic. Imaging that entails scans before, during and after administration of contrast is the standard next step. Such imaging by CT or MR helps to confirm and localize the mass. In some instances, both CT and MR imaging may be needed to come to a diagnosis.

Most lesions, especially in patients not at risk, are benign findings such as liver hemangiomas or focal nodular hyperplasias or, less commonly, adenomas, cysts or focal fatty changes. Radiologic imaging identifies hepatocellular carcinoma and metastatic lesions with high accuracy and specificity. Biopsy is rarely necessary.

“Liver masses identified in noncirrhotic livers are more likely not cancer. Most often, these so called ‘incidentalomas’ are benign and simply require a limited follow-up,” said Dr. Thapar.

Improper follow through for a liver lesion, though, can result in delayed treatment of malignancy or the unnecessary treatment of benign lesions. Importantly, treatment of malignancy can require transplantation, and presence of a malignant mass on the liver increases an individual’s score on the transplant wait list.

For more information, visit www.lourdesnet.org or call 1-888-LOURDES (1-888-568-7337).