

Special Issue on  
**Liver Transplantation: How Infections Impact Survival**

# CALL FOR PAPERS

Despite advances in liver transplantation, morbidity and mortality due to infectious complications remain major problems. In many centers, infection is the most frequent cause of death following liver transplantation. Post-OLT infections are estimated to occur in more than 50% of OLT recipients. Bacterial infections account for most posttransplant infections (up to 70%), followed by viral and fungal infections. It is estimated that up to 80% of liver recipients will develop at least one infection during the first year after transplantation, and, while most are successfully treated, some will result in death. Opportunistic infections are a leading cause of death during the first three years after liver transplantation. Often, the diagnosis of these infections is delayed because, immunosuppressive therapy diminishes inflammatory responses, and the clinical signs of infection may be blunted or absent, leading to delayed diagnosis and treatment. We would like to invite manuscripts to this special issue.

Potential topics include but are not limited to the following:

- ▶ Patients with cirrhosis often developing sepsis as a result of the dysfunction of the defensive mechanisms against bacterial, viral, or fungal infections
- ▶ Due to hepatocellular dysfunction, cirrhotic patients being at increased risk of infections, including spontaneous bacterial peritonitis (SBP), cholangitis, pneumonias, urinary tract infections (UTIs), and catheter-related bloodstream infections
- ▶ Increased hospitalization rates among patients with decompensated liver disease also predisposing patients to nosocomial infections
- ▶ Overall liver transplantation outcomes worldwide correlating significantly with the number, the severity, and the management of pre- and posttransplant infections

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/jtrans/lthi/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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