Abstract: Gilbert's syndrome is the common cause of non hemolytic unconjugated hyperbilirubinemia with a prevalence of 3–7%. Gilbert's syndrome may introduce a selection of potential liver donors from brain death patients. We present a case of living-related liver transplantation (LRLT) from a donor with Gilbert's syndrome. A 22-year-old woman had been diagnosed as having liver cirrhosis at the age of 5. She underwent liver transplantation with the donor's left lobe as the graft. The donor, who was the father of the patient, had been diagnosed with Gilbert's syndrome. Although the recipient was well until 11 months after surgery, she died of subacute fulminant hepatitis 16 months after surgery. However, it was clear that the liver with Gilbert's syndrome could be used as a graft of living-related liver transplantation for adult recipients. J. Med. Invest. 44 : 219-221, 1998

Key Words: 

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![Graph showing bilirubin levels with different diets and treatments.](image1)

**Figure 1**: Bilirubin levels with 400 kcal diet and normal diet. The graph shows the total bilirubin and conjugated bilirubin levels over a period of days.

**Figure 2**: Effect of 50 mg nicotinic acid IV on bilirubin levels. The graph illustrates the total bilirubin and unconjugated bilirubin levels over time.

**Figure 3**: LRLT, ALP, ALT, AST levels post-operatively. The graph compares the levels of ALP, ALT, and AST before and after surgery over a period of months.

![Graph showing LRLT levels with various treatments.](image2)