Based on a recent study conducted at the Hospital Italiano de Buenos Aires, Buenos Aires, Argentina, there have been few reports of infections produced by carbapenemase-producing Enterobacteriaceae (KPC) in solid organ transplants. Scarce available data, however, show a higher mortality in these patients. The study aimed to evaluate risk factors for this infection and the evolution of this infection in liver (LT) and liver-kidney (LKT) transplant patients, infected by KPC compared with uninfected LT or LKT patients. Clinical records of all patients who had received a LT or LKT between January 2010 and December 2015 were analyzed. The study population was divided into two groups: patients infected with KPC (cases) and patients not infected with KPC (controls). After analyzing clinical records of 228 transplants performed between January 2010 and December 2015, 60% (40%) of patients were colonized with KPC, whereas 14% had prior contact with KPC. The remaining 46% were neither colonized nor previously infected by KPC. In patients with a previous colonization, the mortality rate was 50% (5 of 10 patients), showing no significant difference between those who had C (40% mortality, 2 of 5 patients) and those without it (p=0.049). The mean days of antibiotics received during three months before isolation was 45.2 in cases and 31.7 in controls (p=0.032). The mean days of isolation in the cases was 55.6 days (d) and 26.8 d in controls (p=0.032). There was a trend of increased mortality in patients without KPC (14%), colonized (40%) and infected with KPC (60%). The difference was not statistically significant, probably due to the low number of patients. There have been few reports of infections produced by carbapenemase-producing Enterobacteriaceae (KPC) in solid organ transplants. Scarce available data, however, show a higher mortality in these patients. The study aimed to evaluate risk factors for this infection and the evolution of this infection in liver (LT) and liver-kidney (LKT) transplant patients, infected by KPC compared with uninfected LT or LKT patients. Clinical records of all patients who had received a LT or LKT between January 2010 and December 2015 were analyzed. The study population was divided into two groups: patients infected with KPC (cases) and patients not infected with KPC (controls). After analyzing clinical records of 228 transplants performed between January 2010 and December 2015, 60% (40%) of patients were colonized with KPC, whereas 14% had prior contact with KPC. The remaining 46% were neither colonized nor previously infected by KPC. In patients with a previous colonization, the mortality rate was 50% (5 of 10 patients), showing no significant difference between those who had C (40% mortality, 2 of 5 patients) and those without it (p=0.049). The mean days of antibiotics received during three months before isolation was 45.2 in cases and 31.7 in controls (p=0.032). The mean days of isolation in the cases was 55.6 days (d) and 26.8 d in controls (p=0.032). There was a trend of increased mortality in patients without KPC (14%), colonized (40%) and infected with KPC (60%). The difference was not statistically significant, probably due to the low number of patients.