Letters to the Editor

Letter to the Editor

Re: Cardiac retransplantation: is it justified in times of critical donor organ shortage? Long-term single-center experience

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We read with interest the paper by Goerler et al. entitled 'Cardiac retransplantation: is it justified in times of critical donor organ shortage? Long term single-center experience [1].' As medical students, and future surgeons, we are conscious of the effect an ageing population and improved survival rates will have on re-transplantation in the future. The Welsh Assembly Government recently refused legislation implementing a policy of presumed consent for organ donation, and this has sparked our interest regarding how donor organs should be allocated.

The conclusion that cardiac re-transplantation in chronic graft failure as a justified therapeutic option is based on the survival results of the 23 patients undergoing the procedure at the centre, compared with the 723 primary transplantations. It is difficult to compare these results with those of the International Society for Heart and Lung Transplantation [2], who classify late re-transplants as those occurring more than one year post primary transplant, in contrast to Hannover's (greater than 30 days), with survival figures for re-transplantation of 85% and 68% respectively. The International Society reports survival rates equivalent for the primary and re-transplant procedures, whereas at Hannover there is a marked difference (83% compared with 68% survival at one year). It may be the inclusion of earlier cases (i.e. pre 1990s) in the Hannover results that causes the difference with the International Society. However, it may also be necessary to look at the success of individual centres and their assessment of patient factors in deciding whether to allocate a limited resource to a primary or re-transplant case. As the paper suggests, allocation should be made on the basis of clinical need and the likely survival time of the patient, but perhaps some more definitive evidence-based guidelines would ensure a more consistent and successful service. With an ageing population, in the future we may see more and more patients needing re-transplantations, reinforcing the need for good, evidence-based guidelines.

The fact remains that cardiac re-transplantation is the only definitive therapy for cardiac allograft vasculopathy. In times of donor organ shortage and increasing need, we await with anticipation developments in artificial hearts, stem cell therapy and xenotransplantation, which may be just around the corner. As future surgeons, we hope to see the ascent of these new and exciting technologies.

References


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Reply to the Letter to the Editor

Reply to Leach and Evans

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We thank Leach and Evans [1] for their interest in our recent article on cardiac retransplantation [2]. Because of the increasing scarceness of donor organs the question about the justification of cardiac retransplantation remains a relevant issue. The improving results of cardiac transplantation combined with the ageing population led to an increasing number of long-term survivors after heart transplantation (HTX) who may become candidates for repeat transplantation. Therefore, Leach and Evans ask for 'definitive evidence based guidelines' for the allocation of donor hearts in case of retransplantation.

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