REFERENCE


EDITORIAL COMMENT

Re: Excellent outcome of donor lobectomy with various surgical techniques for the interlobar artery

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Keywords: Surgical technique · Pulmonary arterioplasty · Living-donor lobectomy · Pulmonary artery

Living related lobar lung transplantation has gained variable acceptance in different countries of the world. Initially established by the team around Vaugh Starnes in Los Angeles, USA [1] in the late 90s, it was then applied in several other institutions of the world as well, however, never reached a wide popularity in the USA.

It is the special merit of H. Date and his team to make this specific method popular in Japan and to become the world leader in this challenging field of surgery.

Reasons for the limited use of live donors mainly lie in ethical concerns about potential negative side effects for those who are donating. It is therefore of great value to get detailed information about technical aspects of lobe harvesting, as well as about the functional outcome and the rate and type of complications that result from this procedure.

Both are provided in the study by Kayawake et al., published in this issue of the journal, which gives a detailed analysis of their vast experience with 116 lung donations from live donors [2]. The important technical issues which the authors address regarding the management of the pulmonary artery are extremely helpful for those who want to embark on such a procedure. They show the enormous anatomical variability that the surgeon sometimes faces during operation and at the same time present the technical solutions to overcome difficult situations.

Of similar importance are the data given about the degree of functional impairment, as well as the rate of complications that can be expected. Both form the cornerstone, not only for a centre’s decision to involve in living lung donation, but furthermore for advising potential donors about the risks that they might face.
Based on the here presented results, but also on other work from the same group, living lobar lung transplantation should be taken into consideration more frequently whenever alternatives with cadaveric donors are not available.

REFERENCES
