Long-term survival following cardiac transplantation

Kalp nakli sonrası uzun dönem sağkalım

The article by Sareyyüpoğlu et al. (1), published in the current issue of the Anadolu Kardiyoloji Dergisi, presents a retrospective study aiming to analyze the early and long-term outcomes of patients undergoing cardiac transplantation performed between 1989 and 2006 in their centre. There are only few studies addressing post transplantation survival in Turkey and the authors should be commented for the number of successful cardiac transplants performed within the study period. The article emphasizes higher preoperative creatinine level, acute rejection after transplantation; early postoperative functional status and unsatisfactory rejection surveillance protocol in the first 6 months after transplantation affect long-term survival. However, recipients with complex congenital heart disease, diabetes-related complications, or who require mechanical circulatory support while on waiting list, donor left ventricular hypertrophy, presence of preformed antibodies against the donor heart could have been included in multivariate analysis (2, 3). Re-transplantation is another important risk factor for overall survival. According to the International Society for Heart and Lung Transplantation (ISHLT) database, re-transplantation comprises approximately 3% of cardiac transplants (4).

The investigators preferred the bicaval orthotopic heart transplantation technique after 2002 (1). Future studies are encouraged to compare biatrial and bicaval techniques concerning not only survival but also right ventricular function, atrial geometry, sinus node dysfunction, tricuspid and mitral regurgitation. Patients' education is also another critical issue in Turkey, which requires dedication. The authors should be congratulated for keeping some of their patients at hospital and arranging accommodation and job facilities in order to provide better care. Four decades after the first heart transplants performed in Turkey, which was also the beginning of solid organ transplantation in our region, heart transplantation has become the "gold standard" for the treatment of end-stage heart failure in Anatolia. With the increasing presence of cardiovascular surgeons in the treatment of heart failure (5), we can look forward to continued advances in organ, tissue, and cell transplantation for cardiovascular disease.

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