

PROSPECT OF RENAL TRANSPLANTATION IN BANGLADESH

There are two cores of renal disease patients in Bangladesh. Every year 40 thousands people are affected with renal diseases. Only 5%-10% of the affected people can be provided with treatment. Because the treatment cost of renal failure is very high. Every year thirty five thousand patients die due to renal failure. Among the renal failure patients 75% patients can not understand that they are suffering from the dreaded killer disease. In Bangladesh near about 80% of the patient's loss their kidney functions permanently due to Nephritis, Diabetes & Hypertension.

This message of renal disease is really a terrific situation in the country. To overcome this dangerous situation we have to be conscious about our health, we have to be educated & lastly it is mandatory to have the exact treatment of renal failure. The ESRD patients cannot survive with medications only. It is needed either regular dialysis or renal transplantation¹. ESRD patients can survive 5-15 years with dialysis and 10-15 years with renal transplantation. With renal hemodialysis patient can survive up to 30 years & after successful renal transplantation a patient can survive up to 33 years.

Living related renal transplantation was started in Bangladesh in 1982. The organ act law for transplantation is passed by parliament in 1990. Till today about 730 Kidney transplantation have been done in this country. Among them 407 were done in BSMMU, 182 in Kidney Foundation Hospital, 67 in BIRDEM, 20 in NIKDU⁶, 27 in United Hospital and remaining in other centers in the country. The common causes of ESRD in transplant patients were Chronic glomerulonephritis (58%), Diabetic nephropathy (9%) and Hypertension (8%)³. From 1988 to 2006 Cyclosporine, Azathioprine and Prednisolone were used as immunosuppressive drugs². Since 2007 Mycophenolate mofetil has replaced Azathioprine. The overall graft survival is 95% in one year, 82% in 5 years and 78% in 10 years⁶. The first year cost of transplantation is around 300,000 Taka⁶. Majority of the donors were parents (50%), sibling (30%) and spouse (10%). Majority (68%) had 50% HLA matching⁶. The common acute complications were acute rejection (21%), ATN (4.5%) and various types of infections³. Among the chronic complications post transplant

diabetes mellitus (18%) and chronic rejections (16%) were common.

There is steady improvement of both survival rate as well as well being of patients. Although the number is small as compared with burden of renal disease in this country, the cause of decreased number of kidney transplantation is due to lack of donor and facility available for surgical and medical management of the patients⁷. Cadaver can be of great source of donor⁴. However there is lack of infrastructure, awareness of the people, and ICU set up; these are the main obstacle to start deceased transplantation in our country⁷. We hope, this obstacle can be overcome within a short period of time.

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