EDITORIAL

KIDNEY TRANSPLANTATION : BANGLADESH PERSPECTIVE

Chronic kidney disease and subsequent End Stage Renal Failure is a major health concern in Bangladesh afflicting huge number of patients. However, the demand for kidneys far exceeds the available supply. Many of our patients cannot afford huge expenditure involved in Kidney Transplantation (KT) and post-transplant care. Although three major government supported hospitals providing living donor KT to those poor patients, many patients are waiting for organ shortage. Only Live donor KT can never fulfil the demand of KT in Bangladesh. The goal is to provide KT with better outcome to almost all of them waiting for transplantation. The most important step to boost up KT program in Bangladesh is to start Deceased Donor Organ Transplantation as soon as possible by formulating a law and establishing infrastructure. Development of National Kidney Transplant Registry and coordination of KT at National level is also very important. Those patients who cannot afford expenditure for KT and post-transplant care, can be supported by raising fund at national and international level.

Like all other countries, the shortage of organs is the most important barrier that prevented growth of this therapy in Bangladesh. However, there are many other factors like absence of deceased donor KT, lack of fully dedicated Transplant Surgeons (only involved in Transplantation), absence of 'National Transplant Registry' and Transplant Coordinator, lack of decentralization (increases transplant tourism) and definitely lack of adequate fund to run a National Level Program to help poor patients especially after transplantation.

In an initial study from BSMMU, Dhaka, it was shown that 65% of ESRD patients were treated with maintenance hemodialysis, 25% with intermittent peritoneal dialysis (IPD), 9% with renal transplantation and 1% with continuous ambulatory peritoneal dialysis (CAPD)[1]. After first KT (in 1982), transplantation has been done at IPGMR/BSMMU since 1988 on a regular basis. Recently five hospitals/institutions (BSMMU, NIKDU, DMCH, BIRDEM, Kidney Foundation Hospital) and a few private clinics routinely perform living related KT. These are all Dhaka based and can't fulfil KT demand. Many of the patients are poor and can't afford huge expenditure for KT. There is no large scale support group/organization (Govt. or Non Govt.) for those poor people. A significant number of our patients those can afford, travel outside for KT every year. In some developing countries, people sell their kidney mostly because of grave poverty. After some incidences in past in Bangladesh[2], we are now strict and we have strong Organ Donation Act. To prevent transplant tourism, we must develop our KT program. Lessons from other developing and developed countries might help to formulate our strategies.

Living donor KT is currently the main type of transplantation in Bangladesh. But still the number of earlier might be helpful. But the most important to increase the number of KT in Bangladesh is to start deceased donor KT. We need a Deceased Organ Donation/Procurement Act and thereafter initiation of deceased donor organ transplantation as soon as possible. Development of dedicated Transplant Surgeons for multi organ transplantation is also important in this respect.

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