CORRESPONDENCE

Kidney Transplantation in CKD & Urology Hospital: Our Vision, Mission and Bangladesh Perspective

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Chronic kidney disease (CKD) is a global public health problem. It is the 9th leading cause of death in the United States. 1 Incidence of CKD and end-stage renal disease (ESRD) is increasing because of the increasing prevalence of diabetes mellitus and hypertension. Though, renal transplantation is the optimum form of renal replacement therapy, yet we could not do it in high volume in Bangladesh. Right now, regular transplantation is done only in four centers in the country, namely Bangabandhu Sheikh Mujib Medical University (BSMMU), Center for Kidney Diseases and Urology (CKD & Urology) Hospital, Kidney Foundation and BIRDEM General Hospital. National Institute of Kidney Diseases and Urology (NIKDU) is trying hard to do it regularly; Combined Military Hospital (CMH) and Dhaka Medical College Hospital (DMCH) are also potential centers. At present strength of doing transplants in the country is around 350 per year but the requirement is more than 5000 per year.

Till date, we performed 1112 kidney transplants at CKD & Urology Hospital which is the highest number of transplants in a single center of Bangladesh. In 2021, we did 183 kidney transplants. In our center, parents are the predominant donors (mother 64%). Recipients in our series are predominantly male (78%) and younger age group (30 - 50 years). The commonest cause of ESRD in younger group is glomerulonephritis while in the elder age group, it is diabetes mellitus. Short-term graft survival is quite good (1-year graft survival is between 94-96%) but long-term result is not satisfactory. The outcome is comparable to other contemporary local series.² The commonest cause of graft failure in our country is non-compliance to medication due to financial constrain. We have the experience of performing challenging transplants with good outcomes. We did many double and triple vessel transplants, re-

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transplants, transplant with a permanent catheter, transplants with a compromised cardiac function (left ventricular ejection fraction 30%), transplants after eradication of hepatitis B and C virus infection, etc. We found acceptable results in these different transplants. ABO incomputable kidney transplantation is performed in Bangladesh.³

The existing law in Bangladesh allows transplantation among blood-related close relatives only. Many patients without having related donors are going abroad to have transplants, where they may get some relaxation about the matter. To my mind, our law is good for our country because it effectively protects us from the commercialization of transplantation. We are trying hard to start cadaveric transplantation in our country. It requires combined efforts of government, different concerned hospitals, doctors, print and electric media for sensitizing and educating general people and a sincere, dedicated and united effort will make this happen.

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