

Kidney transplantation in the country needs improvement

PROFESSOR MATIUR RAHMAN

In the field of organ transplantation, kidney transplantation is the most widely used form of organ transplantation all over the world because of its effectiveness and relatively low cost.

In Bangladesh first living related donor kidney transplantation was performed in the Institute of Post-graduate Medicine and Research (IPGMR) in the year 1982. However, in Bangladesh about 50 kidney transplants are carried out per year. And after more than two decades, since first transplantation was performed, there are only two or three centres in the country and those are confined to capital city, Dhaka. During 1998-2004 a total of 278 live related donor kidney transplantation were done within the country and about equal number of end stage renal disease (ESRD) patients had their transplantation, mostly unrelated from outside the country.

Source of kidney for transplantation

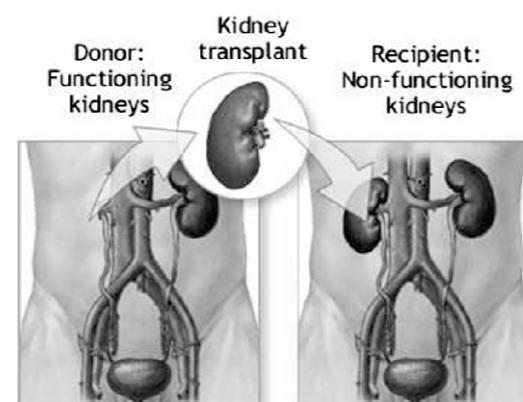
There are 3 sources of kidney – (1) living related donor transplantation, (2) living unrelated donor transplantation; and (3) cadaver donor transplantation (transplantation from dead people).

Living related donor transplantation: This form of transplantation is done by taking one kidney from the first degree relatives who voluntarily and willingly donate their kidney out of love and affection. The graft and patient survival of such transplantation is much better compared to transplantation from other sources.

Naturally when suitable related donor is not available then the patient will have to remain on dialysis, which is very expensive for most of our ESRD patients or try for other source of kidney for transplantation.

Living unrelated donor kidney transplantation: Ethical question needs to be balanced

Many people may argue that where the basic primary health care are so scarce, the advanced form of medical treatment such as kidney transplantation could just be a luxury. But they should consider that many end stage renal disease (ESRD) patients are seeking transplantation for this disease outside the country increasing their suffering and economic hardship. And the situation can be easily improved by motivating the medical profession, particularly involving the professional group engaged in the transplantation, by improving care facilities, gaining skill and a team work approach.



between the desire to do good to ESRD patients by expanding donor pool on the one hand avoiding the possible abuse and exploitation of the poor individuals offering their kidney for sale for tiding over some pressing financial crisis on the other.

Bangladesh Organ Transplantation Act of 1999

In 1999, an organ transplantation bill was passed and became an act. The main objective of the act was to promote renal transplantation, particularly to initiate cadaver donor transplantation in the country.

This act has some 10 clauses, out of which certain clauses (like Clause 2 para C and Clause 10 para 1-3) create controversy and instead of promoting, the law has been rather prohibitive for developing live donor as well as cadaver donor transplantation in the country.

For live related donor transplantation, no law is required, however for live unrelated donor and cadaver donor transplantation, law is necessary to prevent abuses of

the donors and to protect the profession from unnecessary harassment and litigation. And therefore it is necessary to bring the amendments of this organ transplantation act so that unrelated transplantation (now being done mostly outside the country) can be performed inside the country in a centrally controlled and supervised manner avoiding rampant commercialisation in the matter and also initiate to undertake the various steps necessary to start cadaver transplantation in the country.

Summary and recommendation

Kidney transplantation is a better option for treatment of ESRD patients compared to maintenance dialysis in terms of economy and quality of life. So efforts should be made to promote transplantation programme in the country. Efforts should be given to expand the live related donor pool by encouraging relatives to donate their kidney to their unfortunate relations with ESRD, as it is safe to donate their one kidney. Secondly, live related donor pool needs to be expanded by including first and second degree cousins. This shall require amendments of the present Organ Transplantation Act of 1999.

Although there has been expansion of centres in the private sector with facilities for haemodialysis in the country, private clinics so far have not come forward for doing transplantation as is being practised in other South Asian countries.

In conclusion the following recommendations and suggestions are made for consideration by

the appropriate authority, so that the transplantation programme can be expanded in the country –

1. All out effort should be given as a priority measure to establish effectively the transplantation programme of National Institute of Kidney Diseases and Urology, (NIKDU)

2. Emphasis to organise transplantation team in different government medical college hospitals within the next 2-3 years to decentralise the facility throughout the country.

Necessary manpower training of various experts required for transplantation should be taken up now

3. Necessary amendments of the Organ Transplantation Act of 1999 to be brought through parliament on the basis of recent scientific advancements with open mind to expand the donor pool, keeping in mind the best possible service to the recipient, preventing exploitation and abuse of donors

4. There must be cooperation between the different transplantation centres within the country and sincere efforts be given to develop cooperation within the SAARC countries just like European Dialysis and Transplantation Association if South Asian countries want to establish the cadaver donor transplantation programme for the benefit of their ESRD patients in the region.

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The writer is the founder Professor of Nephrology, Dialysis and Renal Transplantation at former IPGMR.

Emphasis should be given to neonatology

DR WAZIR AHMAD

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Maternal nutrition and health during pregnancy is an important factor for the birth of a healthy newborn. A neonate is a newborn within 28 days of age.

In Bangladesh 3.8 million babies are born every year out of which 1.5 million die.

The neonatal mortality rate in Bangladesh is about 60 per thousand live births per year, which

is one of the highest in the world.

This high neonatal mortality is due to many factors like lack of regular antenatal check up, home delivery by untrained persons, delayed referral to hospitals etc.

Management of neonatal cases by trained doctors and nurses is very unsatisfactory at different level of our health system.

Neonatology as a sub specialty at the undergraduate level has not gained enough emphasis.

Both doctors and nurses have minimal exposure in the proper management of newborn care. Neonatal care is very much dependent on skilled nursing manpower. So more importance should be given in this sector.

There are various neonatal problems like perinatal asphyxia (failure to breath or suffocation), premature delivery, septicemia (blood poisoning), neonatal jaundice etc.

A state of the art management of such cases is a very expensive affair, which includes highly skilled manpower and

sophisticated treatment facilities. Except in few centers at Dhaka and Chittagong, the rest of the country is deficient in providing proper neonatal services.

In order to combat the high Neonatal mortality in our country; it has to be dealt with jointly by both Government and non-government organisations. To address this problem, more emphasis should be given at grass root level.

a) More trained birth attendants (TBA) should be made available at the village level

b) General practitioners should be trained to conduct delivery and manage newborn problems

c) Regular clinically oriented training should be given to nurses at District Hospitals and Thana Health Complexes

d) Proper guideline should be given for early referral of cases of Hospitals

e) All pregnant mothers should be encouraged to seek regular antenatal checkup.

F) As we all know prevention is better than cure, so media has a great role to play in this regard to enlighten the people about neonatal care in order to decrease the neonatal mortality of our country and help mitigate the sufferings of the pregnant mothers.

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The writer is an Associate Professor of Neonatology, Chittagong Maa-Shishu General Hospital.

Maternal folic acid level linked to birth weight



Pregnant women who lack the vitamin folic acid in their blood are more likely to have a baby with a low birth weight, British scientists revealed.

Folate is a B vitamin found in green leafy vegetables, cereals and liver. It is essential for foetal growth and gene expression, helping produce and maintain new cells.

Women are already advised to take folic acid supplements, a synthetic compound of folate, before conceiving and during the early months of pregnancy, to reduce the risk of defects such as spina bifida, a defect of the spinal column.

Researchers from the University of Newcastle upon Tyne examined folate levels in red blood cells for nearly 1,000 pregnant women and looked at lifestyle data.

They found higher folate levels in women were associated with increased birth weight for their babies -- a marker for good health in infancy and later in life.

"Low folate status in early pregnancy has been linked with low birth weight. Mothers with low levels of folate have lighter babies," said Dr Caroline Relton, who headed the research team.

Babies with low birth weight -- 5.5 pounds (2.5 kg) or less -- are more likely to have a low IQ and to suffer from health and developmental problems.

Relton and her team, also noted that women who smoked tended to have lower levels of folate in their blood, which could explain why they give birth to smaller babies.

The researchers believe their findings strengthen the argument for fortifying foods such as bread and cereals with folic acid.

The United States started fortifying flour with folic acid several years ago after its role was established in reducing neural tube birth disorders. Other countries included Canada, Australia, Mexico and Chile have followed their example.

These birth defects occur during the early development of the fetus, when the spine does not close properly. Spina bifida is the most common of these. Since the United States began the fortification program the number of babies born with spina bifida or another serious defect called anencephaly (absence of a brain, which causes a fetus to die a few hours after birth) has fallen.

Scientists have also found that daily supplements of folic acid or food fortified with it can help to prevent heart disease, stroke, blood clots and cognitive decline.

However, folic acid breaks down a substance called homocysteine in the blood, and too much homocysteine is related to a higher risk of heart attack and stroke.

WISER OR NOT?

Should we keep our wisdom teeth?



STAR HEALTH DESK

teeth more space instead of crowding together.

When the wisdom teeth are able to emerge fully from the gum, align themselves nicely, and be easily accessible for cleaning, there is usually no need for removal.

Whereas, general dentists are trained to extract wisdom teeth, in some cases where the tooth is very deeply and badly impacted, making it extremely difficult to remove, the patient may be taken to determine the shape and size of impacted teeth.

Benefits and risks of HRT

The main reason for prescribing HRT is relief of menopausal symptoms and prevention and/or management of osteoporosis. Some evidence also exists that it may have a role in primary and secondary prevention of cardiovascular diseases, colorectal cancer, and prevention of Alzheimer's disease. But HRT seems to be associated with an increased risk of breast cancer, myocardial infarction (MI), stroke, cerebrovascular diseases, and thromboembolic disease.

Randomised controlled trial among 2563 healthy menopausal women by Women Health Initiative (WHI), UK, have shown that continuous treatment with 0.625 mg of conjugated equine oestrogens plus 2.5 mg of medroxy progesterone increases the risk of heart events by 29 per cent and stroke by 41 per cent. And the study had to be stopped prematurely when the risk of invasive breast cancer exceeded the stopping boundary.

Evidences show that, in case of postmenopausal symptoms a "domino" effect may occur for example, relieving hot flushes may improve sleep, which may improve mood. HRT can also improve quality of life of women.

Osteoporosis: after the age of 35 years, men and women start to lose around 1 per cent of bone mass each year. However bone loss is accelerated during the first three to four years after the menopause. HRT reduces bone loss at clinically relevant sites like spine and femur neck and thereby reduces risk of fractures at these sites. This effect however, may be less in women older than 60.

Different studies show a reduction in hip fracture with HRT. But bone loss resumes with in one year after stopping HRT, however, and bone turnover rises to the level of that in untreated women within three to six months. Considering risks of HRT, Royal College of Physicians UK suggests HRT for high risk groups only. That is HRT is recommended for women with premature menopause (before the age of 40), with family history of osteoporosis.

Colorectal cancer: observational studies are consistently suggesting that HRT reduces the risk of colorectal cancer.

Breast cancer: a serious concern for

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Thromboembolic diseases: WHI and HERS studies showed that women taking HRT have twice the risk of venous thromboembolism (condition where a blood clot forms in one part of the body and moves through the blood vessels to block another, usually smaller, part) compared with non-users and the risks are greater in women with family history of thromboembolic diseases, severe varicose veins, obesity, surgery, trauma, or prolonged bed rest, and age is an important risk factor.

Women who should not be offered HRT

HRT is difficult to justify in women with no risk factors for osteoporosis. Women who have heart disease, breast cancer, and venous thromboembolism, the health risk associated with HRT is not thought to apply until they reach the normal postmenopausal age.

Women who should not be offered HRT

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The writer is an Assistant Professor of Department of Community Medicine of Comilla Medical College.

Another instance whereby it is advisable to remove wisdom teeth is when the teeth are being fitted with braces. This gives the

Source: British Journal of Nutrition