Dear Sir,

Transplantation is the optimal treatment for patients with end-stage renal disease (ESRD). In Turkey, renal transplants (RTs) are mainly obtained from living donors. Unfortunately, due to the insufficient availability of cadaveric grafts and compatible living donors, RTs have to be obtained from abroad. Some units in South-East Asia have run RT commercial programmes for many years [1-4]. Several patients with ESRD have gone to Bombay for RT from unrelated living donors and have returned to Turkey for posttransplantation follow-up. The purpose of this report is to evaluate the results of RT from unrelated living donors in Turkish patients with ESRD and to discuss the ethical and social aspects of organ transplantation.

Sixty-three patients (38 males, 25 females, mean age 38.4 years, range 17-63) from 4 Transplantation units were investigated retrospectively. All transplantations were performed in 1992 and 1993. Mean duration of dialytic therapy before transplantation was 26.1 months (range 0-96). Sixty patients have received primary and 3 patients have received secondary grafts. Mean follow-up time after transplantation was 12.1 months (range 1-25 months). Patient data were collected from the hospital file during transplantation in Bombay and regular follow-up in Turkey. All the donors were males with a mean age of 25.4 years (range 23-30).

Mean preoperative period for patient preparation was 5-7 days in most of the patients and mean hospitalization time after operation was 10-12 days. Most of the transplanted patients had been admitted to transplantation units in Turkey at 10-15 days after transplantation. The immunosuppressive protocol was as follows at the time of admission: cyclosporine 7-10 mg/kg, azathioprine 1-2 mg/kg and prednisolone 1 mg/kg. Dipyridamole, salicylic acid, polyvita-min tablets, iron supplements, ⅞ receptor blockers and antacids were other medications in most of the patients and 1 patient was...
using antithymocyte globulin. Antitu-berculosis treatment was continuing in 2 patients. Serum creatinine levels were > 177µmol/l in 26 patients (41.1%) at the admission time. Anti-HIV was negative in all patients and HBsAg was positive in 2 patients. The data consisting of tissue typing was available in 40 patients and A, B, and DR loci were evaluated. There was 1 antigen excess in 4 patients, 2 antigen excess in 11 patients, 3 antigen excess in 11 patients, 4 antigen excess in 13 patients and 5 antigen excess in 1 patient. The Kaplan-Meier technique was used to assess graft and patient survival rates. Persistence of serum creatinine > 177 µmol/l was considered as graft loss.

Graft survival rates were 75.0 and 67.6% at 3 months and 1 year, respectively. Patient survival rates were 93.0% and 89.2% at 3 months and 1 year, respectively. Six patients died within 5 months after transplantation. Forty-seven of the 63 patients (74.6%) were hospitalized during posttransplantation follow-up for various reasons. The complications after renal transplantation were as fol-

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alternative strategy may involve the use of emotionally related donors such as spouses, relatives by marriage or close friends who meet acceptable ethical as well as medical standards; their expanded use can provide an important additional source of organs for transplantation until the number of cadaveric donors is sufficient to satisfy the growing demands for transplant organs.

References


