

# HOW TO DEAL WITH TRANSPLANT TOURSIM IN COUNTRIES WITH UNDERDEVELOPED (OR UNDEVELOPED) TRANSPLANTATION ?

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## OBJECTIVES

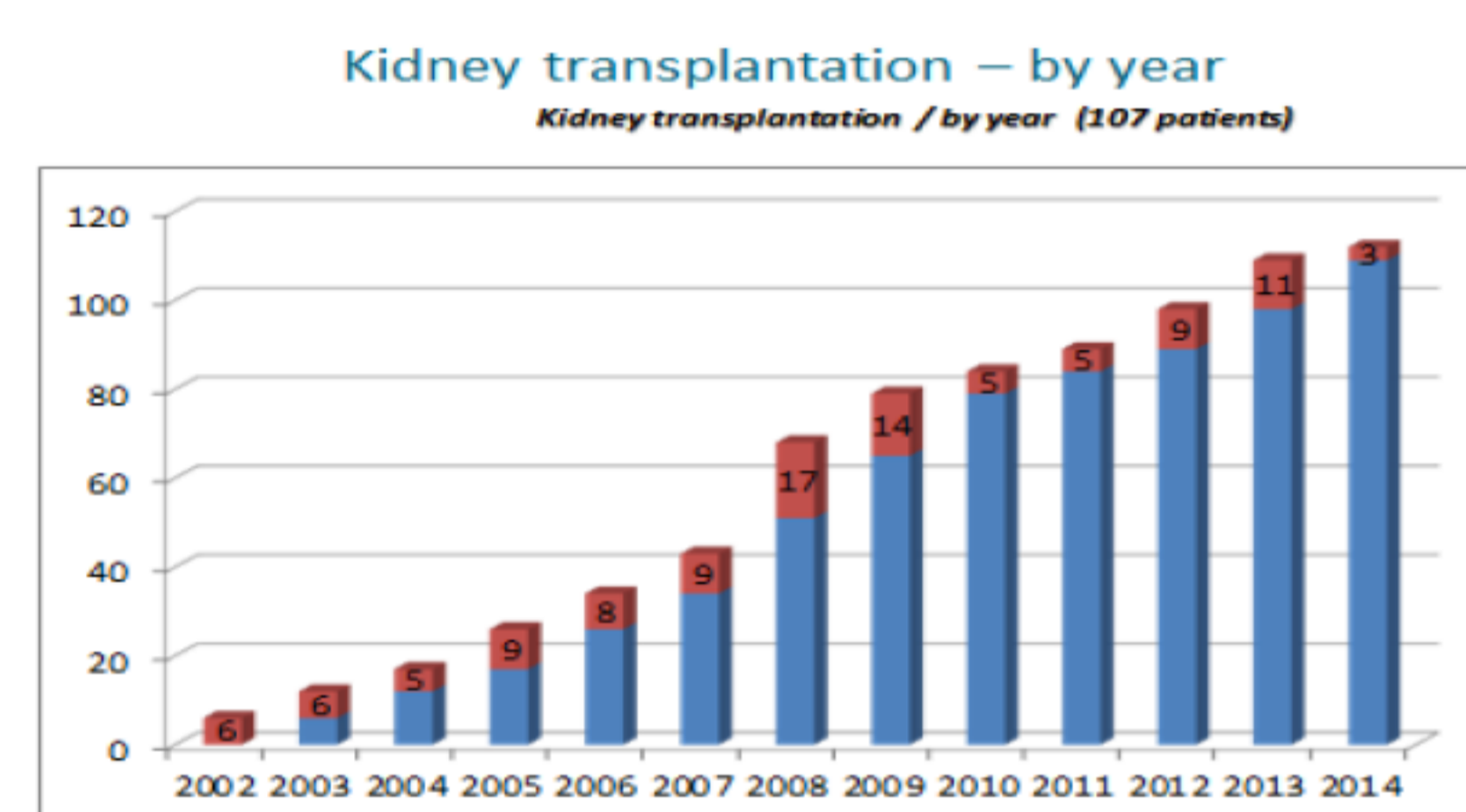
Until September of 2012 patients from Montenegro, who needed kidney transplantation were not able to perform it in Montenegro, because of the lack of the transplantation program. Many CKD patients went to third-world countries for living unrelated (paid) kidney transplantation. Patients who had a living related donor performed transplantation in neighboring countries. However, there was a large number of patients who did not have a living related donor. These patients were deciding on the illegal purchase of the necessary kidney transplantation in countries with black market of organs such as India, Pakistan, or cadaveric transplantation in Russia. These transplantations carried high risk of medical complications. Complications these patients came back with were the best indicator how they were dangerous and risky.

## METHODS

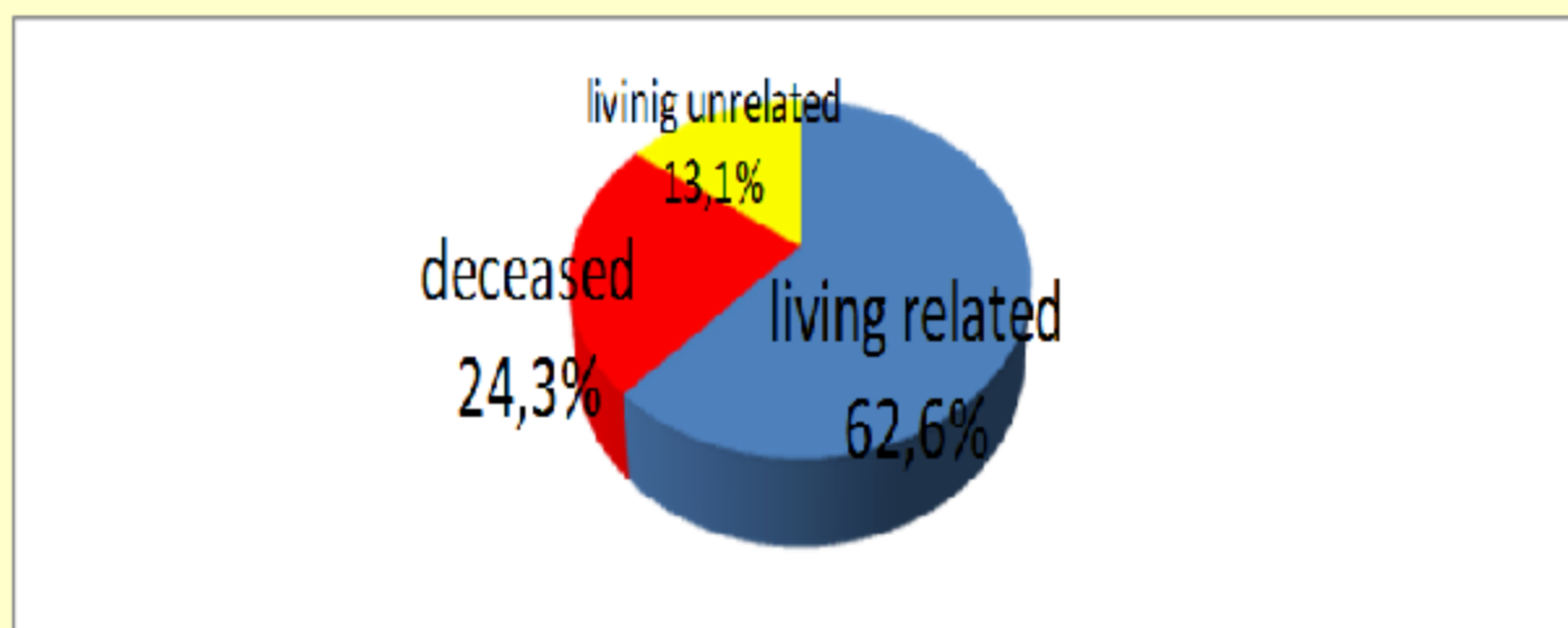
Presented data refer to patients from Montenegro who developed complications after living unrelated and paid cadaveric kidney transplantation abroad. Data were collected in the period of last ten years.

## RESULTS

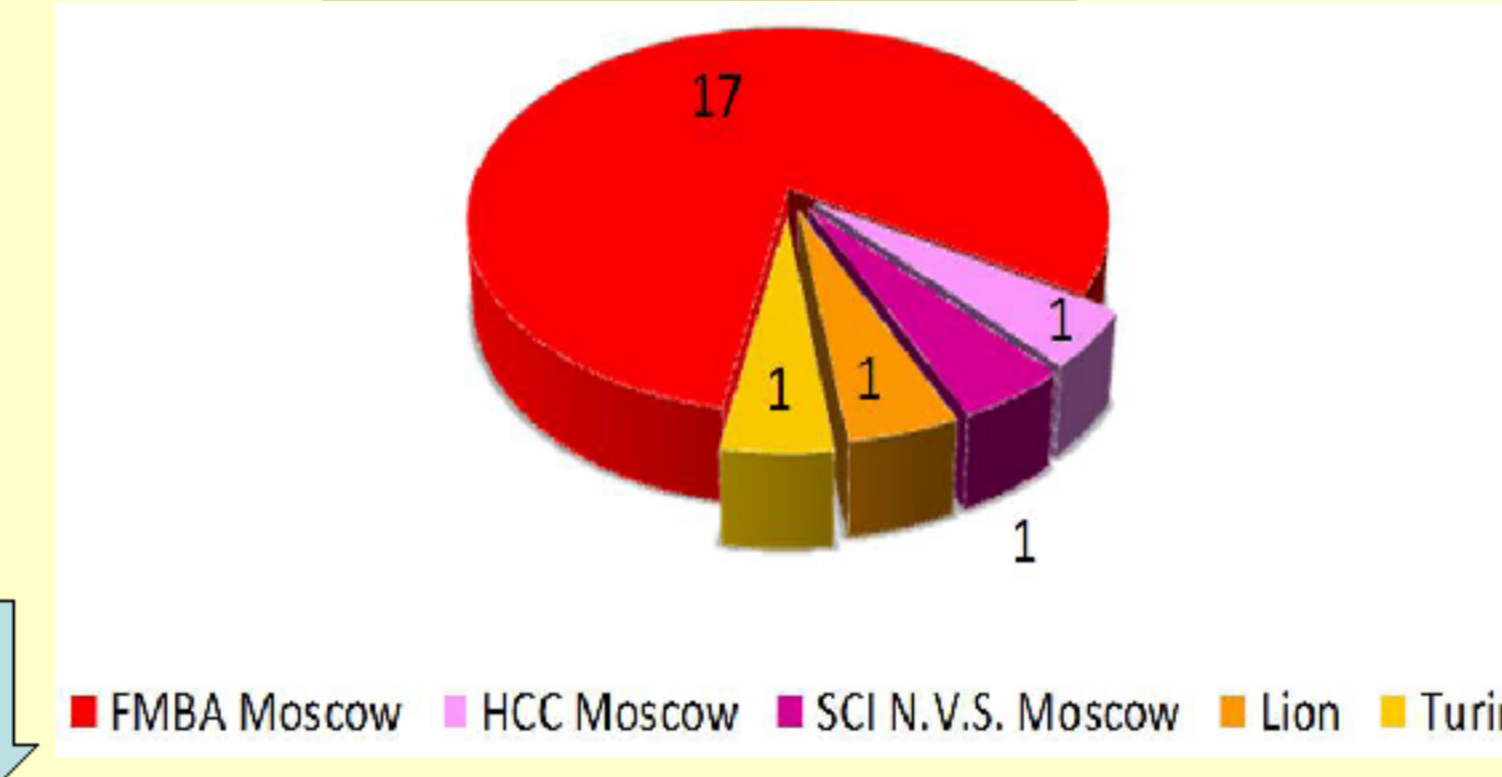
Among 12 patients from Montenegro who underwent kidney transplantation in Pakistan, different complications were observed and treated upon arrival. There were 2 cases of severe bilateral pneumonia caused by *Pneumocystis carinii*, with a pleural rupture and respiratory insufficiency of severe degree. One of these patients came back with tertian malaria, one with acute *Varicella Zoster* infection, one with pneumonia caused with AH1N1 *Influenza*. One patient had acute rejection ad ileus in the same time; one with suprapubic cystostomy due to unresolved urethral stenosis before transplantation. One patient developed spontaneous rupture of bladder after transplantation and one rupture of the both Achilles tendon. One patient developed acute adrenal insufficiency. Six of them had recurrent urinary tract infections. Among two patients from Montenegro who underwent living unrelated kidney transplantation in India, one got severe polyoma BK infection and developed rapid loss of graft function with returning on hemodialysis. There have been 21 paid kidney transplantations from cadaveric donors performed in Moscow, Russia. Hyperacute rejection of the graft was noticed in two patients. Both of them underwent a re-transplantation in the same center and hospital one month after hyperacute rejection. One of patient who had kidney re-transplantation, got thrombosis and arterial embolization of the graft. Seven of them had recurrent urinary tract infections. One developed an acute rejection three months after transplantation with unresolved urinary obstruction prior to kidney transplantation. In one patient abdominal aortic aneurysms was not resolved prior to transplantation, and the rupture occurred after kidney transplantation. One patient died several months after kidney transplantation in coma caused by Creutzfeldt–Jakob disease. All mentioned complications happened in the early post transplant period.



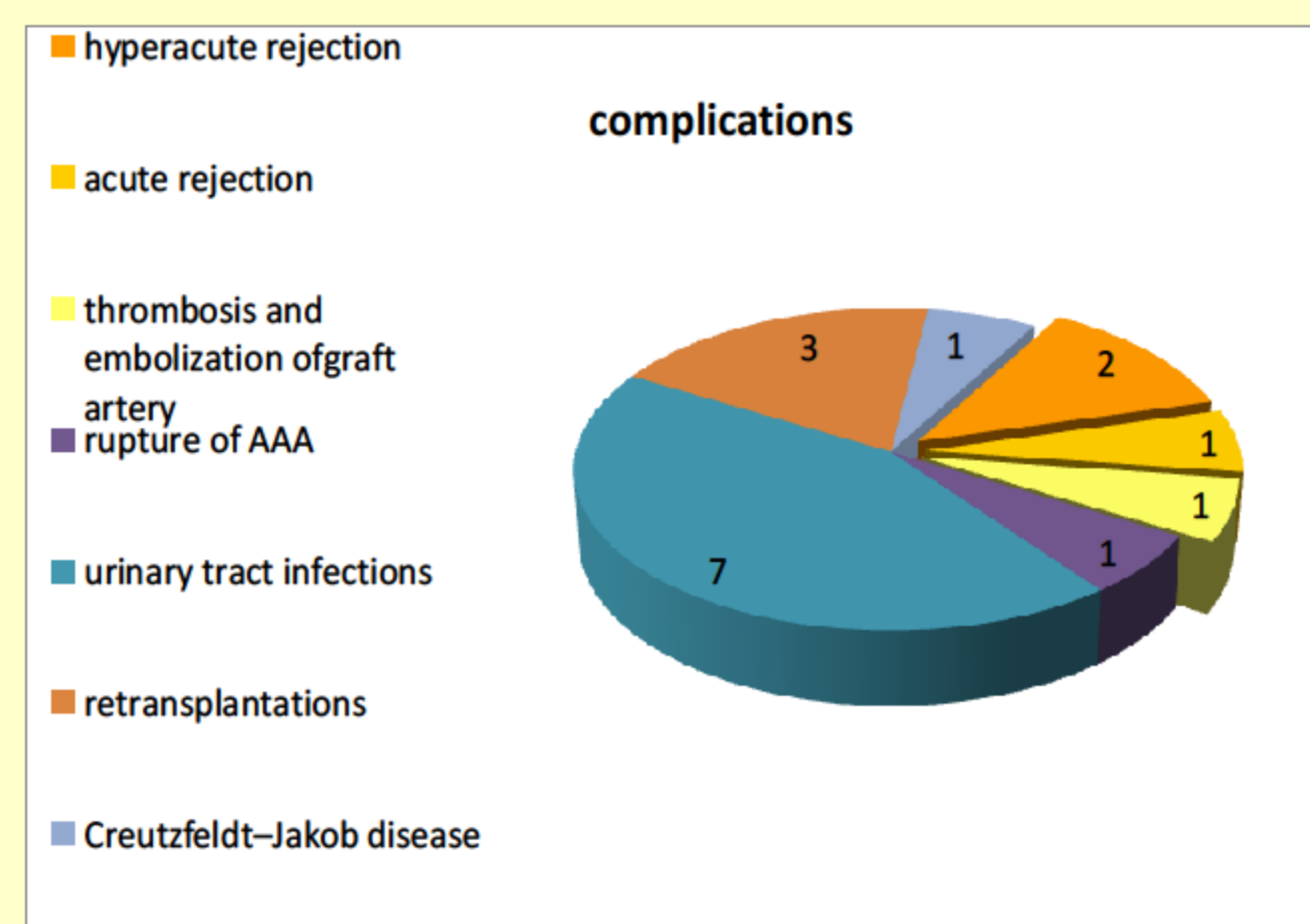
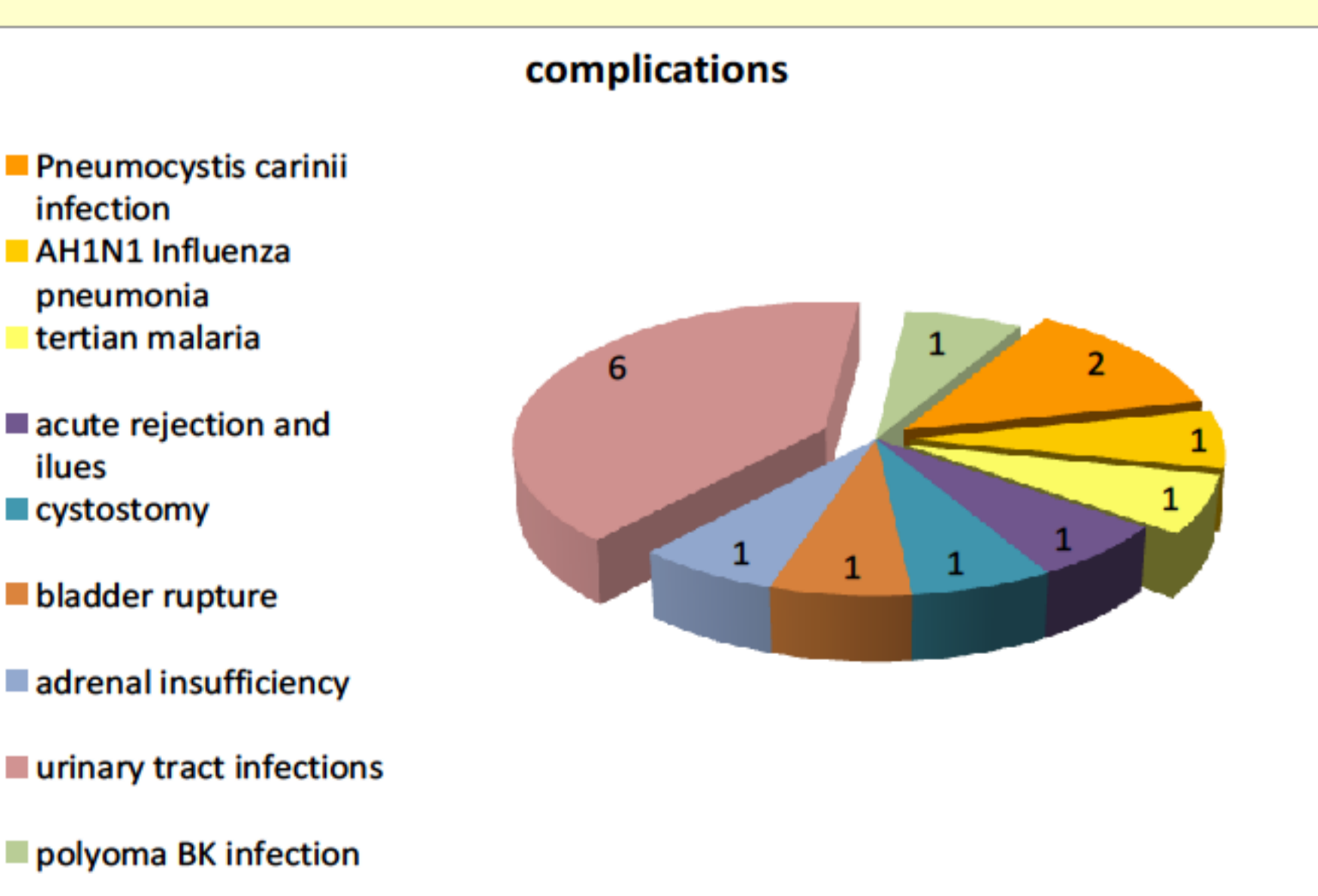
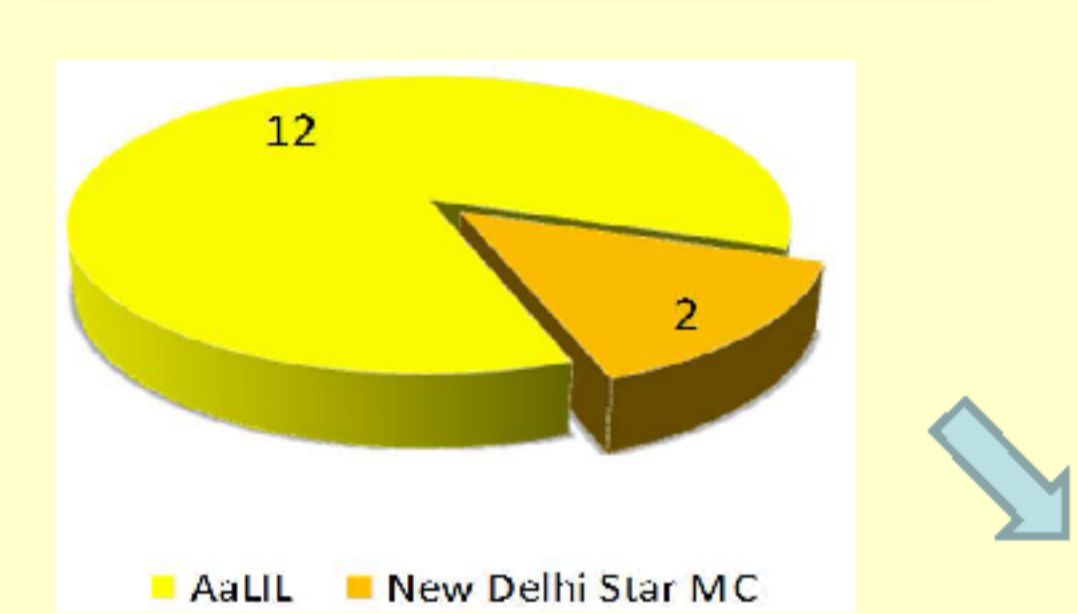
Kidney transplantation – by donor type



Cadaveric Tx – by center



Living unrelated Tx – by center



## CONCLUSIONS

Our data show that over 50% of patients in group of living unrelated transplantation have returned with complications shortly after transplantation, as well as over 50% in the group of patients with deceased donor transplantation. The most important complications include acute and chronic rejection of the graft, infection, malignancy and surgical complications. A possible cause of high incidence of complications was the inadequate evaluation of patients in the preoperative period. Many of the patients were sent without treatment of post-operative complications. This gave us motivation to work on the establishment of the transplant system. Development of transplantation program allows controlled transplantation and safety of patients.

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