

EDITORIAL

Renal Transplant in Bahrain

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Renal Transplant has now become the treatment of choice for patients with end-stage renal failure. It significantly improves the quality of life for the patients as well as being a much cheaper alternative to maintaining a patient on dialysis¹.

Salmaniya Medical Complex (SMC) began renal replacement therapy in 1971, with a single dialysis machine and few patients. In 1980-81 a haemodialysis program was started and the AKU (Artificial Kidney Unit) was established, and attached to the Medical Department. The AKU currently has 26 dialysis machines treating 85 patients.

Beginning in June 1995, renal transplant from living related donors began in Bahrain. Six patients with end stage renal disease had their transplant done by Prof G Abouna from living related donors in BDF (Bahrain Defense Hospital) in that year.

A local transplant team was established in SMC in the beginning of 1996 with the help and encouragement of HE The Minister of Health and headed by Prof George Abouna - Professor of Surgery and the Dean of College of Medicine & Medical Sciences at the Arabian Gulf University. That team established protocols for both the donors and recipients. A small unit, consisting of 4 private rooms for isolation was allocated in ward 44 at Salmaniya Medical Complex.

The Pathology department at Salmaniya Medical Complex provide the HLA Typing and most of the histological investigations required for the recipients. The Radiology department provide pre and post operative imaging required for the recipients and donors. IVP, Angiography, Renal Ultrasound, Isotope Scanning, CT, MRI facilities are available when needed and indicated. Out-patient services for both pre and post surgical patients was established in the surgical out patient area. Several nursing staff joined the program.

Utilizing these services, 47 patients aged 2.5 to 68 years with end stage renal failure have been transplanted from living related donors (N=42), or from living unrelated donors (emotional donors) wives - husband (N=4) husband-wives (N= 1) with remarkable success rate of 96% graft survival and 98% patient survival at 1 year².

Many of these patients had high risk factors including advanced diabetes mellitus, hepatitis B or C, previous advanced coronary artery by-pass and failed previous kidney transplant carried abroad. Triple Immuno suppression therapy consisting of prednisone, cyclosporine and azathioprine was used. In certain selected patients, the new immunosuppressant agent Cell Cept (Mycophenolate mofetil) with more specific anti lymphocytic action was used for a short time. No acute rejection was encountered and all recipients enjoyed excellent renal function with serum creatinine ranging from 44-160 mmol/L.

On 14 June 1998, HH the late Amir of Bahrain issued and signed the Cadaver Law, which opened the door to cadaver transplants in Bahrain. This now provides further opportunities for expansion and enhancement of the transplantation services by the Ministry.

In summary, a highly successful Kidney Transplant Program has been established. However, Bahrain will need a Multi Organ Transplant Service that will include kidney, pancreas and liver transplantation both from living related donors and cadavers, "especially since the head of our Transplantation Program in Bahrain is a Multi Organ Transplant Surgeon, who acquired wide experience in transplantation of kidney, liver and pancreas while he headed Transplant centers in USA, Canada and Kuwait; and also since Bahrain has one of the highest incidence of diabetes in the world, 25% of the population, which

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makes the need for pancreas transplantation in this country very urgent and essential". This will result not only in providing normal quality of life to many patients but will also save large sums of money for the Ministry of Health since the cost of treating patient with transplantation is only one third the cost of keeping such patients on dialysis^{1,2}.

However, in order to reach this goal and to put Bahrain on the map of transplant world, we need to think ahead and aim for:

1. Transplant Unit of 6-8 beds.
2. Adequate Nursing personnel and Transplant Coordinators.
3. Organ procurement team to help with organ removal from cadavers.

4. Ease of availability of newer immunosuppression medications.
5. Adequate Operating Theatre facilities.
6. Steps should be taken to arouse public awareness to accept donation of organ specially from cadaver. This can be achieved through mass media and other similar means.

REFERENCES

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