

Obtaining kidney transplants abroad carries certain medical risks

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People traveling to other countries to receive kidney transplants experience more severe post-transplant complications with a higher incidence of acute rejection and severe infections, according to a study appearing in the November 2008 issue of the *Clinical Journal of the American Society Nephrology (CJASN)*. The findings suggest that such "transplant tourism" by Americans may not be as safe as receiving transplants in the United States.

As the demand for kidney transplantation continues to increase, some patients needing a transplant have looked abroad for available organs. While this practice appears to be increasing in the United States, there is little available information regarding its safety.

To investigate the issue, Jabir Gill, MD, of the David Geffen School of Medicine at the University of California, Los Angeles (UCLA), and his colleagues studied the outcomes of kidney transplant recipients who were US residents that traveled abroad for transplants and returned to UCLA for follow-up care. They compared these so called "transplant tourists" with similar patients who underwent both transplantation and follow-up care at UCLA.

The study included 33 transplant tourists and 66 UCLA-transplanted patients who were followed for an average of 16 months. The investigators noted that most transplant tourists traveled to their region of ethnicity with the majority receiving transplants in China (44%), Iran (16%), and the Philippines (13%). After receiving their transplants,

tourists came to UCLA for follow-up about a month after their procedure.

After one year, kidney rejection occurred in 30% of tourists compared with 12% of the UCLA-transplanted patients. The incidence of infections was not significantly different between tourists and UCLA-transplanted patients, but the severity and types of infections were markedly different. Seventeen tourists (52%) had at least one infectious complication, with three patients having had two or more infectious episodes. Nine patients (27%) were hospitalized with an infection listed as the primary cause of hospitalization. By comparison, only six (9%) of the 66 UCLA-transplanted patients required hospitalization for infectious complications following transplantation. One patient in the transplant tourism group died from complications related to possibly donor-contracted hepatitis B. The investigators also noted that infections with cytomegalovirus were more common among tourists than UCLA-transplanted patients.

The authors noted that the higher incidence of infectious complications may reflect a number of issues relating to tourism, including difficulties maintaining and monitoring immunosuppression during the transition of care abroad to facilities at home, the lack of preventive care for infections early after transplantation, the varying infectious disease characteristics of different countries, and the unclear means of selecting donors in many of these cases.

According to the authors, this study's findings indicate that "transplant tourism is a risky option for patients awaiting kidney transplantation and its implications on public health warrant further evaluation."

The article, entitled "Transplant Tourism in the United States: A Single Center Experience," will appear online at cjasn.asnjournals.org/ on October 15, 2008, and in the November 2008 print issue of CJASN.

Source: American Society of Nephrology

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