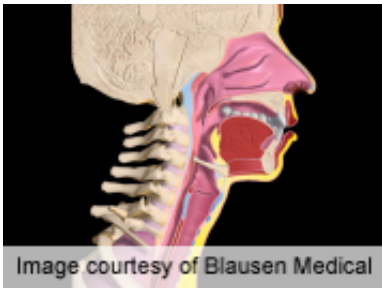


Tracheal allograft stable after immunosuppressive therapy

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(HealthDay)—A composite-tissue tracheal allograft appears to have retained its structural integrity after the withdrawal of immunosuppressive therapy, according to a letter to the editor published in the April 17 issue of the *New England Journal of Medicine*.

Pierre R. Delaere, M.D., Ph.D., from the University Hospital Leuven in Belgium, and colleagues have performed tracheal allografts in five [patients](#) (four patients with long-segment stenosis and one patient with a low-grade chondrosarcoma). In the patient with recurrent tracheal chondrosarcoma, rejection was visualized in situ following withdrawal of [immunosuppressive therapy](#). The authors report on the healing mechanisms responsible for the survival of the allograft after immunologic rejection of the donor tissue.

The researchers write that an allograft was placed in this patient's forearm for three months, during which time, the donor respiratory epithelium was revascularized and an autograft of recipient buccal mucosa was introduced in the midportion of the allograft. Following resections of the patient's tracheal tumor, the allograft was moved to its correct anatomical position with an intact blood supply.

"Two years after transplantation, the allograft was stable and functional, and the patient reported that he was satisfied with the result," the authors write.

More information: [Full Text](#)

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