

International Symposium of Pediatric Heart and Lung Transplantation

Symposium 1

Current status and future aspect of pediatric heart transplantation in the world

Chair: Heima Sakaguchi (Department of Pediatric Cardiology, National Cerebral and Cardiovascular Center, Japan)

Chair: Shigetoyo Kogaki (Pediatrics and Neonatology, Osaka General Medical Center, Japan)

Fri. Jul 9, 2021 9:40 AM - 11:00 AM Track6 (現地会場)

[ISPHLT-SY1-2] Pediatric heart transplantation in Osaka University

○ Jun Narita (Department of Pediatrics, Osaka University Graduate School of Medicine, Japan)

Activation of a revised Transplant Act open doors to pediatric heart transplantation in Japan, and it passed for 11 years. We experienced 30 cases of domestic pediatric heart transplantation in Osaka University Hospital to date according gradually to increase donor volume. However, pediatric heart transplant recipients need over 2-3 years long waiting time even if now. In addition, pediatric heart transplantation in Japan remain not to perform from June 2020 in combination with impact of COVID-19. Although it is largely good outcomes that overall survival rate after pediatric heart transplantation in our institute is 93%, varied post-transplant complications are found and it is often difficult to have their management and care, and life after heart transplant is the tough road. On other hand, 34 cases of pediatric heart transplantation abroad had followed up in our institute until now, and their overall survival rate was 87%. A possible cause of the difference in survival rates between domestic and abroad is that abroad transplantation has a longer follow-up period than domestic, and serious complications such as post-transplantation lymphoproliferative disorder (PTLD) are transferred to our hospital with department of hematooncology. Now, most of abroad post-transplant patients over 15 years old had transition to adult cardiology, and only cases with prolonged serious complications are continued followed up in the pediatric team. The transition to adult is also one of the major problems in the future. In a wide variety of complications, PTLD is the most frequent complication of all pediatric heart transplants in our hospital, with approximately the same frequency of cellular/antibody-mediated rejection, followed by renal failure. All patients had been having post-transplant infections for granted, then some cases sometimes developed chronic infection needed continuous treatment. We will cover varied of the points including future vision of pediatric heart transplantation and our reports like above in Osaka University in this symposium.