

Lung Transplant

Sana Shariff

Department of Biology
Lake Forest College
Lake Forest, Illinois 60045

For a few years, all my siblings and I heard were coughs. Not the kind of coughs you use to get a person's attention or to signal to a friend that he needs to stop talking, but the kind of cough that should have disappeared after a few days, a week tops. At first, we were told it was a result of asthma. However, as the years went by, not only did the cough remain, it became more violent! Thoughts about cancer surfaced as we urged our loved one to see a pulmonologist. A few appointments later, we were given bittersweet news: our mother did not have cancer but was suffering from a Type I hypersensitivity that was robbing her of her lungs every day, slowly making it more and more difficult to breathe. The physicians concluded that if she did not receive a lung transplant, her lungs would eventually cease to function, and you know the rest. Lung transplant is a little atypical, at least in my mind. When I thought of transplants, I commonly associated them with kidneys because kidney transplant is much more common. In fact, according to the United States Department of Health and Human services, there are 3,676 people on the waiting list for a kidney transplant and 24 for a lung transplant in just the state of Illinois. Nevertheless, like any transplant, the procedure for lung transplants is complex, and the pre- and post-operative appointments are numerous.

As a patient requiring transplant, the tests leading up to the procedure are numerous. For my mother's case, these tests are called Phase 1. In this phase, the patient meets with virtually every specialist and undergoes several tests in order to determine whether the patient is a suitable candidate for the transplant. The data is also important for matching. Donor match is not simple. It is based on size; for example a 7 foot tall individual cannot match my 5 foot tall mother. Also, there is a chance that the lungs may be infected without knowing; this is known as allograft failure. The goal of any transplant is to match the donor lungs as closely as possible to the recipient host in order to prevent the host from rejecting the organ.

When Phase 1 is complete, the transplant team makes a decision regarding whether the candidate is suitable to move forward. Phase 1 is about the LAS score or Lung Allocation Score. This score determines if a candidate is eligible for transplant and the likelihood of a successful transplant. If the candidate is suitable (and higher priority depending on the condition), then, as is the case with my mother, the patient moves to Phase 2 where she waits patiently for an organ. If an organ that matches her physical and biological makeup is available, then it becomes a race. A race for the patient to get to the hospital as well as a race for the transplant team to verify the soundness of the lung by palpating lung tissue for lumps or any potential abnormalities. If the transplant team concludes that the lung is suitable for transplant, then the hospital will begin prepping the patient for surgery.

The surgery itself is long and complex, lasting about 15 hours. Assuming that the surgery is successful, the patient stays at the hospital for seven days to three months for observation and testing purposes. The goal is for the patient to not have allograft failure. Allograft failure is the complete rejection of the organ. There are 3 forms of allograft failure: Acute, X, and XY. Acute is instant rejection; X is rejection over 1 or 2 weeks; XY is rejection over 1 year time span. After discharge from the hospital, the patient is not done. In fact, the patient will have to see the transplant team as well as several specialists several times for the first six months post-surgery. In addition to appointments, patients will have to be on lifelong immunosuppressants. Immunosuppressants are medications that prevent immune response or rejection of the lungs.

So there you have it. A lung transplant may not be cancer, but the procedures, complications, and risks can be just as involved as cancer-related treatments. Being a recipient of a lung transplant is scary, mainly because of the possibility of rejection. The survival rate of rejections is 80% for the first year. With that being said, however, prognosis has been increasingly positive. Statistics are illustrating greater survival rates post-transplant.

The saddest portion of my mother's story is that she may not

have needed a transplant. As a palliative care, geriatrics, and internal medicine specialist, her disease was a product of an old Cook County Hospital building where she worked for 25 years. When my mother receives her transplant, her greatest challenge will be to forgo her academic research and to forgo her patient care. She loves her job very much, and she will have to affect patients' lives without patient contact.

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