

Marjinal Donör Kavramı, Sonuçlar ve Tavsiyeler

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• GİRİŞ

Son dönem böbrek yetmezlikli (SDBY) hastalarında tedavi seçenekleri diyaliz tedavileri ve böbrek transplantasyonudur. Böbrek transplantasyonu SDBY’li hastalarda yaşam kalitesi, morbidite ve mortalite açısından en iyi renal replasman tedavisi (RRT) seçeneğidir. İlk böbrek transplantasyonu yaklaşık 60 yıl önce yapılmıştır ve halen dünyada en yaygın olarak nakledilen organdır.

United Network for Organ Sharing (UNOS) veritabanına göre, 18 Mayıs 2014 itibarıyla, böbrek bağıışı için bekleyen 122.738 hasta mevcuttur. Her yıl bekleme listesine yaklaşık 30.000 yeni hasta eklenirken, toplam böbrek nakli yapılan hasta sayısı yaklaşık 17.000’dir. Bir böbrek bağıışı için bir SDBY’li hastanın bekleme süresi yaklaşık 1 ila 5 yıldır. Bununla birlikte, bu süre 10 yıl veya daha uzun olabilir. Bu uzun bekleme süresinde yaklaşık 5000 SDBY’li hasta yaşamını yitirmektedir.

• GENEL BİLGİLER

SDBY olan bir hastada başarılı bir böbrek nakli için en ideal senaryo, mükemmel sağlıklı bir böbreğin transplantasyonudur. Bununla birlikte, bekleme listesindeki diyaliz hastalarının sayısındaki progresif artış ve donör sayılarının yetersizliği, normal şartlarda reddedilme olasılığının yüksek olan böbreklerin (yetersiz fonksiyona sahip, boyutu küçük, yaşlı böbrek, komorbid hastalıkları olan donör böbreği gibi..) kullanılmasının gerekliliğini ortaya çıkarmıştır. Renal transplantasyon için kabul edilme kriterlerinin esnetildiği bu yeni kriterler Amerikan Transplantasyon Cemiyeti tarafından ‘böbrek donörü için genişletilmiş kriterler’ (ECD) olarak adlandırılmıştır. 2002 yılındaki bu konsensus raporuna göre genişletilmiş kriterli

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