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be effectively treated with liver replacement has steadily grown. Other acquired hepatic disorders are not uncommon in infancy and childhood.

If transplantation of the liver (or of the kidney, heart, intestine, pancreas, and possibly other organs) is to reach its full potential, pediatricians will have to be more acutely aware of the need for organs, and will need to collaborate actively in the procurement process. The event of death in a previously healthy infant or child is such a devastating blow to the family and to the health care team that it is difficult to broach the subject of organ donation at a time of such sorrow. Possibly for this reason, there has been a shortage of organ donors in the pediatric age group.

Numerous potential liver recipients have died in our center while awaiting a new liver, despite the fact that a nationwide search was being conducted. An actual shortfall of organs in the only large liver transplantation center functioning now is a warning that the development of other regional liver transplantation centers could be inhibited or jeopardized. New liver transplantation centers have been opened at the University of Tennessee and at the University of Minnesota, and within the next few years there will probably be approximately 30 units offering liver transplantation as a service. The benefits to pediatric patients from such a cooperative network could be immense, if enough donors can be found.

Our recent experience with liver transplantation in pediatric patients has made it clear that the majority of infants and children with lethal hepatic diseases can be helped. The longest survival in the world for a patient after liver transplantation is now 13 years; the patient was 4 years old at the time of her original treatment. Six patients have lived for more than a decade after this procedure and all are children.

Extrarenal organ procurement should be engrafted onto the kidney retrieval system that has been developed in the United States and Canada over the past 15 years. The attending physician can contact the local kidney procurement team about a potential donor. If the physician is unsure how to contact the nearest kidney procurement program, he can rapidly secure this information by calling 800/24-ALERT, a nationwide transplant hotline operated by the North American Transplant Coordinators Organization (NATCO). In addition, the NATCO-sponsored 24-ALERT center can provide information for transplant professionals about the need for extrarenal organs at the major North American transplantation centers. If extrarenal organs are needed, the local procurement team usually will coordinate clinical, logistical, and medico-legal details with the corresponding team in the

Donors for Liver Transplantation

There is good evidence that the decade of the 1980s will witness an expansion of efforts to transplant extrarenal organs. This will have a profound effect in pediatrics, and particularly in the field of hepatology. The number of infants born with biliary atresia is not known with certainty, but it is likely that there are approximately 500 new cases each year in the United States. The number of lethal hepatic based inborn errors of metabolism that can

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distant city for which the extrarenal organ is destined.

In the past, many kidney transplant surgeons have not been interested in young donors (aged 6 months to 5 years). As donors in this age range often are desperately needed for liver transplantation, an active role by practicing pediatricians in avoiding the waste of life-saving organs is warranted.

There are all too few examples in which a national effort of this kind could yield benefits of such magnitude. It is hoped that the cooperation of the practicing pediatric community can be obtained in

donor procurement in order to facilitate these therapeutic activities at all transplantation centers.

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