Cimen, Arch Transplant 2020, 4:1
DOI: 10.37532/at.2020.4(2).e103

Archives of Transplantation

Editorial

A SCITECHNOL JOURNAL

Archives of Transplantation

Sanem Cimen*

Department of Surgery, Health Sciences University, Turkey

***Corresponding author:** Sanem Guler Cimen, Associate Professor, Department of General Surgery, Diskapi Research and Training Hospital, Health Sciences University, Guvenlik Caddesi no 87-6, Ankara 65000, Turkey, E-mail: s.cimen@dal.ca

Received date: 02 April, 2020; **Accepted date:** 17 April, 2020; **Published Date:** 24 April, 2020

Editor's Note

Transplant, also called graft or organ transplant, in medicine, a section of tissue or a complete organ that is removed from its original natural site and transferred to a new position in the same person or in a separate individual. The term, like the synonym graft, was borrowed from horticulture. Both words imply that success will result in a healthy and flourishing graft or transplant, which will gain its nourishment from its new environment.

Aesthetic and facial surgery also comes under this category as it involves the skin tissue transplantation. Blood transfusion can be regarded as a form of tissue graft. The blood-forming tissues—bone marrow cells—can also be transplanted. If these cells are injected into the bloodstream, they home to the marrow cavities and can become established as a vital lifesaving graft in patients suffering from defective marrow.

The patient may receive a kidney from a live donor or a dead one. Cadaver kidneys may not function immediately after transplantation, and further treatment with the artificial kidney may be required for two to three weeks while damage in the transplanted kidney is repaired. The patient is given drugs that depress immune responses and prevent the graft from being rejected. Immediately after the operation, for the first week or two, every effort is made to keep the patient from contact with bacteria that might cause infection. The patient is usually nursed in a separate room, and doctors and nurses entering the room take care to wear masks and wash their hands before touching the patient. The air of the room is purified by filtration. Close relatives are allowed to visit the patient, but they are required to take the same precautions. When stitches have been removed, the patient is encouraged to get up as much as possible and to be active, but, in the first four months after the operation, careful surveillance is necessary to make sure that the patient is not rejecting the graft or developing an infection. The patient may be discharged from the hospital within a few weeks of the operation, but frequent return visits are necessary for medical examination and biochemical estimations of the blood constituents, to determine the state of function of the graft, and to make sure that the drugs are not causing side effects. Each patient requires a carefully adjusted dose of the immunosuppressive drugs that prevent transplant rejection.

Once the dosage of immunosuppressive drugs is stabilized, patients are encouraged to go back to a normal existence and return to work. The only restrictions are that they must continue to take their drugs and make frequent visits to the outpatient department for surveillance. Patients can return even to heavy work, such as driving a bulldozer, but more often a relatively light job is preferable. Women can bear children after a transplant, and men can become fathers. Unfortunately, If the patient rejects the kidney or develops a serious infection, it may be necessary to remove the graft and stop administration of the immunosuppressive drugs. The patient must then return to regular maintenance treatment with an artificial kidney but may receive a second or even a third graft.

Transplantation raises important ethical considerations concerning the diagnosis of death of potential donors, and, particularly, how far resuscitation should be continued. Every effort must be made to restore the heartbeat to someone who has experienced sudden cardiac arrest or to restore breathing to someone who cannot breathe. Artificial respiration and massage of the heart, the standard methods of resuscitation, are continued until it is clear that the brain is dead. Most physicians consider that beyond this point efforts at resuscitation are useless.

Being one among the editorial board members, I take a privilege to speak about the Archives of Transplantation journal as it covers the diverse sections/ fields related to the Transplantation. Transplantation is a boon which increases their life span for few more years.

Humans possess complex defense mechanisms against bacteria, viruses, and other foreign materials that enter the body. These mechanisms, which collectively make up the immune system, cannot, unfortunately, differentiate between disease-causing microorganisms and the cells of a lifesaving transplant. Both are perceived as foreign, and both are subject to attack by the immune system. This immune reaction leads to rejection, the greatest problem in successful tissue and organ grafting.

The journal covers the vast scope like Artificial organ transplantation, Bioethical and Social Issues, Organ donation, Organ Trafficking, Stem cell Transplantation, Transplant immunology, Transplant infections, Transplant laws, Transplantation, Xenotransplantation, etc.

The journal has achieved a good number of readers and also obtained an exceptional number of page views. The current issue of the journal comprises of the research article entitled "Impact of End-stage Renal Disease Diagnosis on Graft Survival in Kidney Transplant Recipients of Small Pediatric Kidneys" and the conference editorials related to the Past conference report, announcement of the young scientist awards and a detailed information of 11th International Conference on General Surgery and Surgical Research.

The research write up clearly presented the information about the approach of Diagnosis on Graft Survival in Kidney Transplant Recipients of Small Pediatric Kidneys and the methods used and also the complications occurred.