Journal of Nephrology & Renal Diseases

Editorial

A SCITECHNOL JOURNAL

Editorial on Marginal Donors in Renal Transplantation

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The ageing global population and the increased life expectancy have contributed to the rise in the prevalence of older patients with end stage renal failure (ESRD). Renal transplantation is the best treatment option for eligible patients with end stage renal disease. The number of renal transplants has increased rapidly over the last two decades across the world which increased the demand for donor organs. This disparity between the availability of organs and waitlisted patients for transplants has forced many transplant centers across the world to use marginal kidneys and donors. Deceased donor organ transplant (DDOT) with "marginal donors" or Extended criteria donor (ECD) is increasing in number. In the United States, 15-20% of donors were ECD in 2008. About 30% and 47% of deceased kidney donors are ECDs in Europe and France, respectively. In India, where DDOT accounts for less than 4% of the total transplants, discarding the marginal kidneys cannot be justified. The idea of marginal donors (MD) was conceived to combat the huge discrepancy between demand and organ availability. The definition of marginal living donor is still not clear and there are no uniform recommendations. The decision must be tailored to each donor who in turn should be actively involved at all levels of the decision-making process. In the current circumstances, our responsibility is very crucial in making decisions for either accepting or rejecting a marginal living donor. Patients with kidney transplantation from MDs do better than patients who remain on hemodialysis. However, earlier studies suggest that MD kidneys have a higher propensity for delayed graft function (DGF), and poor outcomes. At this point selecting the marginal donor after informed consent is need of an hour which will increase the quality of life in patients with ESRD.

Citation: Anvesh Golla (2020) Editorial on Marginal Donors in Renal Transplantation . J Nephrol Ren Dis 4:2.

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