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Single lung transplant in moderate to severe pulmonary hypertension

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Advanced lung disease (ALD) that requires lung transplantation (LTX) is frequently associated with pulmonary hypertension (PH). The presence of PH significantly affects the outcomes following single-lung transplantation (SLT) remains controversial. Therefore, we retrospectively examined the outcomes of 279 consecutive SLT recipients transplanted at our center, and the patients were split into four groups based on their mean pulmonary artery pressure values. Outcomes, including long-term survival and primary graft dysfunction did not differ significantly for patients with versus without PH, even when PH was severe. We suggest that SLT can be performed safely in patients with ALD-associated PH thereby increasing the impact of donors on the available organ pool.

Biography

James D Maloney completed his MD from Case Western Reserve School of Medicine. He has completed his Training in General and Thoracic from University of Wisconsin and Wake Forest University, respectively. He is the Section Chief of Thoracic Surgery at the University of Wisconsin School of Medicine and Public Health and on the Transplant Advisory Board for the Department of Veterans Affairs. He has published more than 30 papers in reputed journals and has served as a member of the transplant network for the American College of Chest Physicians.

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