

When will we have heart and lung transplant programme in Iraq?

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In 1967 the first heart transplant was performed in South Africa. After that it became a routine practice all over the world.¹

Combined heart-lung transplantation remains the only definitive therapy for patients who have both end-stage heart failure and end-stage lung failure.²

The most common indication is congenital heart disease (CHD) and the proportion is increasing for acquired heart disease concomitant with pulmonary hypertension and/or intrinsic lung diseases.²

Honestly there is no exact estimate of the number of patients in Iraq who need heart and lung transplant. The reason for the absence of such database in Iraq is the feeling among doctors that what is next? What is the significance of knowing the exact numbers of a disease while we know that we decided not to treat it as it should be. We as cardiopulmonary physicians know that it is growing problem every year. We almost monthly face cases of end stage dilated cardiomyopathy, cases of Eisenmenger, end stage interstitial lung diseases. Sadly, we lose monthly all over the country hundreds of patients who die of other causes with intact heart and lung system. What is happening actually is that we are losing twice. It would have been possible to provide an opportunity and gift of life to those who need a heart or lung transplant. What is frustrating is that we are not talking about science fiction, heart and lung

transplant is practiced routinely in some neighbouring countries like Jordan, Saudi Arabia, Iran and Turkey.

Regionally in 1985 the first ever successful cardiac transplant in the Middle East and the Arab world at the King Hussein Medical Centre in Amman, Jordan By the surgeon Daoud Hanania.³ Saudi Arabia followed in 1989 where their first adult transplant was performed at King Faisal Specialist Hospital (KFSH & RC), followed by Iran and Turkey in 1998.^{4,5} The progress came after that, when in Saudi Arabia, 76 patients were undergone heart transplant between 2005 and 2010.⁶

The frustration comes from the fact that we are lagging behind while all the neighbours with same sociocultural background are far advanced in this field. We are not even trying to break this taboo. This issue is not just a medical problem to put the blame on ministry of health. It has legislative, religious and sociocultural aspects. But it is the job of the doctors who are facing this problem daily to draw the attention of the policy maker in Ministry of Health to pursue the legislative aspect at the Iraqi parliament after securing the religious approval for this practice. Then the campaigns come for preparing the society for such highly civilized altruistic sociocultural change. So we should start despite the long path. We might not be the doctors who will practice it but we will be honoured of initiate it and putting the first brick of this new concept in our medical practice.

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