

# From the Editor's Desk

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Approximately 27,000 persons receive a solid organ transplant annually in the United States, which has resulted in 183,222 persons living with a functioning transplanted organ at the beginning of 2008. Unfortunately, that still leaves around 100,000 persons currently on a list to receive a transplant. These data reflect the great success of transplant medicine and the continuing challenges. The Ochsner Multi-Organ Transplant Institute is the only center in the Gulf Coast area where all major solid organ transplants—including heart, lung, liver, pancreas, and kidney transplants—are performed. I am proud to present to our readers a series of original research and review articles highlighting our center's work to improve outcomes in solid organ transplantation.

This edition dedicated to solid organ transplant begins with a couple of articles detailing new tools for the evaluation and management of patients with lung and heart transplants. Our lung transplant program is the first to publish a description of the parametric values of 6-minute walk distance after lung transplant. We demonstrate that the 6-minute walk test is feasible after lung transplant to assess functional status, and we anticipate many future studies with regard to the 6-minute walk test after lung transplant. Mandras et al continue the theme with a description of novel immunologic techniques to better assess immunosuppression and identify acute rejection. Knowing the degree of immunosuppression for an individual patient may lead to fewer rejections and fewer infections. In addition, the authors review the role of virtual cross-match to improve compatibility between the donor heart and the recipient.

Thompson and Patel review the literature concerning permanent pacemaker implantation after heart transplant. They demonstrate that AV synchrony and chronotropic competence can be restored after heart transplant. In addition, Lainez and colleagues

describe their experience with the HeartMate II as a left ventricular assist device, which, while avoiding right ventricular failure, serves as a bridge to transplant. Although right ventricular failure has been reported as a common problem with left ventricular assist devices, the authors share techniques with the readers to reduce right ventricular failure with the HeartMate II device.

BK virus nephropathy has recently emerged as a cause of renal allograft failure. Garces provides us with a succinct review of the epidemiology, risk factors, and current treatment options for patients with BK nephropathy. Then, Zetzmann and colleagues review their exciting basic science research to improve the liver donor pool. As we learned earlier, there is a tremendous need to increase the number of available organs for transplant. Ochsner's transplant researchers are the first to report the presence of TNF- $\alpha$  converting enzyme (TACE) in human liver tissue. They describe the role of TACE in ischemic liver injury and share their ongoing studies to better understand the effect of TACE inhibition on improving marginal liver donors. Finally, Shankar and colleagues examine lung herniation and splenic injury in two separate articles.

In conclusion, transplants have given many patients a new life when faced with terminal illness. The current edition includes original research on a new assessment test after lung transplant, avoiding right-sided heart failure with left ventricular assist devices, and the use of pacemakers post transplant. This edition also includes reviews on novel immunologic testing after heart transplant, BK nephropathy, and the role of TACE in liver injury. I would like to personally thank all the transplant physicians and researchers who contributed to the journal. I hope you find reading this transplant edition of *The Ochsner Journal* as rewarding as I have.

*The Editorial Board of The Ochsner Journal is pleased to announce and welcome two new members: Dr. Elizabeth Holt, senior epidemiologist, who will serve as statistical consultant to the board, and Dr. Ryan Winters, a resident in Otolaryngology, who will serve as the residents' representative on the board. The Editorial Board also welcomes new managing editor Kathleen McFadden.*