

BroadcastMed | mus_022353peds_lung_captions

In the latter part of the late fall.

So sometime around after Thanksgiving, we were informed that there was a kid that was very sick who had lung disease that was that was appearing to progress, to a point of lung failure, that there was going to be no evidence of recovery.

So that's when we started getting involved in having conversations with the pediatric ICU team, with the pediatric pulmonologists and decided to proceed along the pathway of potential transplantation.

Now, transplantation is a highly regulated field, so we had to apply for accreditation and we worked with our transplant administrative directors and the quality group to obtain that accreditation, mostly because the number of programs that do lung transplant in the pediatric population is quite small.

We felt that because of his size, he wasn't too dissimilar from some of our smaller adult patients that we transplant and felt comfortable offering this procedure.

We were granted a provisional accreditation and once we had that, we really went all in on trying to provide care for him.

When it came to a point where we thought he was strong enough to tolerate the operation, we went forward with listing him for transplantation and because of how sick he was, he was among the top candidates for an organ offer not only in the region, but nationwide.

And it was very quick that we were able to obtain an appropriate set of donor lungs, and that's when we proceeded with the transplant.

This was our first pediatric lung transplant.

In fact, the last pediatric lung transplant in the southeast region of the United States was approximately ten years ago.

So this is big news, not only for MUSC but for the southeast region of the U.S.

As a kid, he's smaller and all of the structures are smaller than they are in our adult patients.

Oftentimes, the pathology that leads to a lung transplant in adults are things like fibrosis or COPD, so we're dealing with enlarged blood vessels, bigger chest cavities, and that's just not what we had in his circumstance.

So everything was a bit smaller, which is what we would expect for a kid.

But other than that, it was really a fairly routine operation and some of the benefits of a kid is that we can do things like get better exposure by putting our retractors in, mostly because they have a more compliant chest wall.

So some of the things that actually make it harder on the adults was a bit easier in his circumstance.

I think the operation went fairly routine.

We never really know when we take somebody off of extracorporeal membrane oxygenation how they're going to do immediately after we put the transplanted organs in.

But he did amazing.

He came off of bypass very quickly, really had no major bleeding, which was a great surprise to us, which oftentimes happens in these circumstances.

After surgery he had a really wonderful recovery, a very short stay in our ICU followed along our typical pathways.

We were able to get him off the ventilator fairly quickly, and he's continued to have a wonderful recovery.

Within the first two weeks of his operation, he was breathing on his own.

He was advancing on a diet, walking on his own, regaining his strength, and really progressing towards a normal recovery.

The demand for pediatric lung transplant is there, unfortunately for the families, they have to travel far to centers because not every state offers this, let alone every region within the United States.

With the success of this program, this particular procedure, we are moving forward with obtaining a definitive accreditation to become a pediatric program on select circumstances.

The majority of pediatric patients that need lung transplant are those that fit within a patient population we are used to treating in terms of cystic fibrosis and other end stage lung diseases like pulmonary hypertension.

So we do plan to use this as a springboard in making this a full fledged pediatric transplant program as well.

I think this is an exciting time not only for MUSC but for the lung transplant field, because there aren't that many pediatric lung transplant programs in the United States.

MUSC is now one of the handful programs out there and is always trying to lead the way in our medical field.