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Lung transplant: Complications and quality of life

To the Editor,

The aim of lung transplant (LT) is not only to extend the survival rate of recipients but also to improve their quality of life (QoL). Several studies have been conducted to compare QoL before and after LT. However, fewer reports evaluated the long term QoL, specifically the period when some late complications tend to appear. These include chronic allograft rejection or bronchiolitis obliterans syndrome (BOS), which are the major cause for decreased patient life expectancy. In order to prevent or stabilize these complications, LT recipients maintain a high level of immunosuppressants for life. In turn, the immunosuppressive drugs induce different disorders, like arterial hypertension, chronic kidney failure, diabetes, hyperlipidemia, osteoporosis, and infections (which are the second cause of mortality after BOS), and increase the risk of malignancies, mainly skin cancers, post-transplant lymphoproliferative disorders and Kaposi’s sarcoma.

The authors here describe the data about complications related to LT and QoL of patients followed in LT outpatient clinic of Centro Hospitalar São João. Of the 83 patients, 37 (30 LT recipients and 7 LT candidates) completed the Medical Outcomes Study Short Form-36 (MOS SF-36), the London Chest Activity of Daily Living (LCADL) questionnaire and the Hospital Anxiety and Depression Scale (HADS). The lung transplant recipients (n = 30) were grouped according
Therefore, the improvement of the QoL of LT recipients is highest early after transplantation, with a slight but not significant decrease over the years. This may reflect the accumulation of complications with time after LT, which affect physical activity.

This analysis had two essential limitations: (1) the small sample size and (2) it is not a longitudinal pre- and post-transplant evaluation of patients QoL.

Santana et al. described the effects of QoL measures in the management of LT patients, namely in lung allocation decisions, and advised their use in clinical routine. In addition, improving QoL appears as the primary goal of the LT for diseases such COPD (the major common indication to LT), where a survival advantage has not yet been proven. Therefore, we highlight the importance of including QoL measures in assessing the outcomes in LT.

Conflicts of interest

The authors have no conflicts of interest to declare.

References


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