Living Donor Single Lobe Lung Transplantation for Pulmonary Lymphangioleiomyomatosis

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Abstract: A right lower single-lobe lung transplantation from a living related donor was performed for a 30 y/o female with pulmonary lymphangioleiomyomatosis. The patient had been on the waiting list for the previous 2 years to undergo a lung transplantation from a brain dead donor. However, this treatment alternative is considered to be extremely difficult within a limited time frame due to the progressive deterioration of the patient's respiratory function. The only available donor was her husband. As a result, "a single-lobe transplantation "instead of a "bilateral lobar transplantation (which is recognized to be the standard living-related lung transplant procedure for adult-to-adult donor-recipient combinations) was therefore considered to be the only realistic option by means of a living related transplantation even though it is still considered to be an experimental procedure. After the transplantation operation was performed, the post-operative course was uneventful and the recipient was discharged from the hospital one month after surgery. The patient required continuous high dose oxygen inhalation 24 hours a day before the transplant, however, she thereafter became free from oxygen support. The post operative performance status of the recipient has shown a dramatic improvement at the time of discharge. She is now preparing to make a full return to her previous social

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life.

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Abbreviation: FVC, forced vital capacity; FEV1.0, forced expiratory volume in 1 second; % FEV1.0, the percentage predicted value for forced expiratory volume in 1 second, HJ-scale: Hugh-Jones dyspnea scale, HJ- = 息切れせずに普通に歩行,階段昇降可能,HJ- = 坂道や階段昇降で息切れあり,HJ- = 平坦な道でも 1.6km 以上歩けない,HJ- = 空担な道でも 90m 以上歩けない,HJ- = 会話や衣類着脱でも息切れあり.