Biological Basis of Transplant Failure

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Tissue and organ transplant is a big and wide field in medicine and surgery with so progressive prospects that some intend to transplant the head many decades after heart and many other vital organs transplantation. This art is of a solid needs both of the basic sciences which is built on to make it walking on a proper platform and the mankind necessities to overcome body defects of any kind throughout its life journey. No one denies the progressive success in results which was very daring from the start. Still many failures and not optimal results to date inspite of the vast and painful efforts. To date the core in this inefficiency is the rejection from the recipient side due to tissue identity which partially do not coupe the that of donor provided all others are excluded. Still, one of the excluded factors is working but in a hiding and wicked manner. It is the infection. Now I do not want to discuss the routine and standard acts pre-, intra- and post transplantation of any tissue or organ I know each has his/her own art and tricks. The infection I want to give attention to is the intracellular bacterial infection. A fact of a long standing cells being inhabited by some one or more kind of a fifteen intracellular bacteria like Brucella, Salmonella, Tuberculosis and the others. Either in one side or the both. So under a fact of such entity do we think or expect that our transplant will be completely grown in a healthy environment!!?? This fact may be the cause for the failures or the weak results in centers whatever where after the HLA matching being accepted. we may extend that this HLA is not the real factor in rejection even!! This vision was born through the results of my work on the biological basis of the Neurosurgical pathologies where after the clinical based trials then the admit of PCR into service and lately the Micro-array for DNA detection of the tissue samples for the intracellular bacteria showed more than one imagine the incidence of these intracellular bacteria into the patients cells who were suffering from diseases referred to as of unknown etiologies and being treated symptomatically or with palliative medicines like corticosteroids. Before the writing of these words the lab gave me a phone call to tell me that one of my patients with very long history of sufferings of so many kinds and so many failed regimens, here Trapezius muscle open biopsy showed two bacteria Tuberculosis and H. influenzae in one sample with real time PCR for Brucella alone and Micro-array screen for eight bacteria (I am very active to cover others as a screen test but this is a technical difficulty meanwhile), the astonishing in that the result is negative for Brucella while my impression on her condition was a chronic active Brucellosis and being treated for that with more than excellent results, here clinical picture that I were consulted for was an annoying scalp big superlative boils that make here cannot put her head on pillow, the successive days showed dramatic improvements in many, many, other old complaints !!





Figure

Acknowledgement

This work is dedicated to whom in touch with the unknown, scientists and genius researchers. So I will mention no references. Because they are the reference themselves.

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