

**Pediatric Heart Transplantation: Schneider's children medical center of Israel**

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Heart transplantation remains the only hope for children with terminal cardiomyopathys and some forms of complex congenital heart disease.

Objective : To review our experience with heart transplantation in the pediatric population.

Method: We reviewed medical records of children who underwent surgery for heart transplantation in our hospital, starting 2001 to this year.

Results: Between July 2001 and November 2009, 9 children underwent surgery for heart transplantation. There were 2 males, 7 females. Age at transplantation was mean of 8.1 y (range 13m-15y)

All patients are followed on regular basis in our outpatient clinic. All receive combination therapy including immunosuppressive, anti infectious (antivirals, antibiotics, antifungals) and supportive-therapy (vitamins and supplements). Follow up time range from 7m to 6.5y (median 3.2 y) Six out of 9 patients are currently alive. Among the 3 children who died: one developed acute rejection 6 years after first transplantation, and died 4 days after the second transplantation attempt; one developed primary CMV infection and died 7 month after transplantation; the third died 13 month after transplantation due to acute rejection and marginal family compliance.

Conclusion: Heart transplantation is nowadays the only solution to extend the life of children with terminal cardiac disease.

Catch-up growth and hemodynamic rehabilitation to normal childhood function status is the likely outcome.

Heart transplantation is merely an exchange of one disease for another, but it provides an important change in quality of life.

In small country like ours, the rate limiting step to making transplantation more widely available is donor availability. This should be taken into consideration when managing a child with end stage heart disease.