

Introduction

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The first reported intestine-containing transplant in humans was performed in 1966, when a short segment of duodenum was included in a pancreas transplant. This was followed by attempts to transplant more substantial amounts of intestine, but these did not result in long-term survival. It was not until 1988 that the first 'successful' intestine-containing transplant was reported. At this time intestinal transplants were a rarity but with increasing experience (both surgical and immunological) outcomes have improved, making intestinal transplantation a relatively routine procedure. Changes in immunosuppression regimes (depleting B-cell lymphocytes, 1984-1983, gastroenterologist, Mount Sinai Hospital, New York, NY, USA, described regional ileitis in 1932. antibodies and tacrolimus) have improved rates of rejection, a complication that is difficult to control and can be life-threatening. In 1996 the International Intestinal Transplant Registry was established and reported a total of 180 transplants performed in 25 centres worldwide. By 2019 this number was over 4100, with almost double the number of active centres. The majority of transplants have been performed in the USA and Europe, with the most prolific units performing over 10 adult transplants per year. With improvements in the management of paediatric intestinal failure the number of multivisceral and intestinal transplants in this group has fallen.

Both the medical and surgical complications associated with intestinal transplantation The outcomes associated with intestinal transplantation •

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