

IMPLANTING A DECEASED DONOR PROTOCOL FOR UTERINE TRANSPLANTATION. WHICH BARRIERS ARE WE FACING IN OUR SETTING?

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OBJECTIVE

To describe the barriers facing to retrieve the uterus when starting a deceased donor protocol for uterine transplantation.

PATIENTS AND METHODS

We conducted a retrospective study including all the deceased donors in our setting during two-year period (January 2017-December 2018). The exclusion criteria for uterine donor is as follow: age > 50 years old or < 18 years old, asystole as the death cause, active smoking, infections (HIV or risk group, HBV-DNA and/or HBsAg positive, active bacterial sepsis, infections with multi-resistant bacteria, active tuberculosis, untreated active viral infections), active malignant cancer of any location, vascular pathology (malformations, atheromatosis, hypertensive or diabetic vasculopathy), nulliparity, benign pelvic pathology (uterine fibroids, uterine malformations, severe endometriosis), BRCA mutation carriers or genes related to Lynch syndrome, history of implantation failure or multiple miscarriages of unknown cause and HPV infection.

CONCLUSIONS

Even though all the exclusion criteria could not be assessed to potential uterine deceased donors, only 2.7% were left. Taking into account that more than 12000 women at reproductive age at our setting could have an absolute uterine factor and ask for a uterine transplantation, deceased donor protocol would not be enough to cope with all this needs. We suggest to include, at least, a mixt donor protocol, considering both live and deceased donors.

RESULTS

