

Photo: KAUSHIK RAMASWAMY

A SECOND BIRTH

Six-year-old Soumyadeep is the second child in the country to survive a liver transplant

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Six-year-old Soumyadeep Ghosh is excited. It is his first day in Don Bosco. His parents Moushumi and Shantanu are hard put to contain the boy's enthusiasm — and their own. Nothing exceptional in that. All kids are hyper on the first day of school, except that Soumyadeep would have just missed going to school at all because of a debilitating liver disorder that, till recently, had him battling death.

Soumyadeep is the second child in the country to have undergone a liver transplant and survived. Every year, almost 15,000 babies

are born with liver defects and only a few live to see their first birthday. But with Soumyadeep, doctors are hopeful of changing all that.

The trauma for the Ghosh family began soon after Soumyadeep was born. He was jaundiced, more specifically, had biliary atresia, a condition where either the bile ducts are congenitally absent or are blocked, causing bile to be accumulated in the liver, leading to cirrhosis. Soumyadeep was operated upon when he was just two months old. And till the age of six, it has been a series of operations. Doctors in Calcutta gave up on Soumyadeep, primarily for want of suitable facility and donors. The



HAPPY DAYS ARE HERE AGAIN: Soumyadeep with his ecstatic parents

distraught family came to Delhi last year in the hope of repeating Apollo Indraprastha's earlier success. In 1998 a team of specialists — Dr M R Rajashekhar, Dr A S Soin and Dr Anupam Sibal — had done a similar transplant on one-and-a-half-year-old Sanjay Kandh-

aswami from Tamil Nadu.

"The best thing was the determination of the family and their faith in us. The liver was provided for by the father. We cut off almost 30 per cent of his liver and transplanted it in his son," says Dr Sibal.

"This is the first time that we

received an organ from a living donor. Usually liver transplants are done from organs provided by brain dead donors as there is a lack of cadaver donors," says Dr Soin. The operation took more than 16 hours. "We operated the father and the son together. It was one of the most complex operations that stretched our abilities to the limit, but it was worth the effort to see life spring back in an almost dead patient," says Dr Soin.

"We are the only hospital in the country that is doing the 'living relative transplant,'" says Dr Rajashekar, leader of the Hepatobiliary and Abdominal Organ Transplant Surgery team at the hospital. The cost of such an operation is prohibitive (Rs 12-15 lakh). But for the Ghosh family, who spent more than Rs 9 lakh, it was not so. "The doctors waived their fees, the hospital didn't charge us for the room. We only paid for the medicines," says a grateful Moushumi Ghosh.

Liver transplant: Options are limited in India, says doctor

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“ABOUT 2,000 ailing children and a total of 50,000 such adults in the country have a limited option. They can either go abroad for treatment or die. That’s because of the non-availability of liver transplant facility in India.” That was Dr Anupam Sibal, a leading paediatrics gastroenterologist, speaking at the second day of the paediatrics gastroenterology conference at PGI, Chandigarh today.

He said that without prioritising health insurance sector in the country and reducing the import duties, people will continue to die as liver transplant costs a minimum of Rs 20 lakh in India.

However, this, he said, was very less compared to what one pays in the US and UK, where such a transplant costs

Rs 1.2 crore and Rs 90 lakh, respectively.

To date, there have only been 21 liver transplants in India and 90 per cent of these operation were conducted at the Apollo Hospital, Delhi, he said. Liver transplant is a sophisticated operation which requires the skills of many experts at a given point of time, the doctor added.

At the conference, Dr Ramesh Kancharia, a paediatric hepatologist from Hyderabad, said liver problems basically affect people of lower-middle class and the ones living in slums.

He, however, cautioned that the largest number of patients requiring a liver transplant are those suffering from Hepatitis B and Hepatitis C.

The second day of the conference also saw doctors emphasising on the role of nutritional management. Among those who spoke on the topic were Dr P.U. Iyer, Dr S. Bhatnagar and Dr S. Gopalan.

Dr Iyer highlighted the role of parental and enteral nutrition in children admitted in intensive care units.

Dr S. Bhatnagar, meanwhile, suggested that diet comprising cereals along with milk is much better than any formulae available so far.

Speaking on the role of zinc in diarrhoea diseases in children, another expert, Dr H.P.S. Sachdeva, said that this particular mineral plays an important role in improving the immunity of the child. Zinc, the doctor added, has been found useful in cases of diarrhoea.

Dr B.R. Thapa, another expert who spoke at the conference, said that most of the diseases can be prevented if diarrhoea is treated by administering the ORS.

Dr Thapa said that during diarrhoea, the child should be given normal quantity of food as it provides nutrition which can significantly reduce chances of mortality.