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Intestinal Transplantation Might Remain as a Myth in Mexico, but Reality has Change in other Countries in Latin-American: History Needs to be Accurately Preserved

Gabriel E. Gondolesi

Director of Pediatric Liver transplant, Associate Director of the Intestinal Care and Transplant Center MedStar Georgetown Transplant Institute, IIRTA Past President TTS President Elect, Former Director of Liver, Pancreas and Intestinal Transplant at Hospital Universitario Fundacion Favaloro

In response to García Sanchez Morelos A, et al. Intestinal transplant: A myth in Mexico.

To the Editor in chief of British Journal of Healthcare and Medical research:

We read with great interest the article by Morelos Adolfo García Sánchez and colleagues entitled *"Intestinal Transplant: A Myth in México"*, published in the *British Journal of Healthcare and Medical Research*. The authors deserve recognition for drawing attention to the challenges that have prevented the development of a sustainable intestinal transplantation program in Mexico and for highlighting the need for national strategic planning in this highly specialized field. However, we believe that several statements regarding the history and current status of intestinal transplantation in Latin America require clarification, particularly those related to the regional experience and the role that established programs have played in demonstrating the feasibility of intestinal transplantation in developing countries, while most of the paragraphs written required to be revised and updated.

The article states that only a few intestinal transplants have been performed in Latin America and specifically reports that Argentina performed only one intestinal transplant. This assertion is not supported by the published literature and substantially underestimates the experience accumulated in the region. Our first report on that topic was published in 2009 and entitled: Intestinal transplant. Review and description of its evolution in Latin America, which I encourage authors and readers to read. Then in a later review we were able to document that 135 intestinal transplants had been performed in Latin America and the Caribbean, including 66 procedures in Argentina, 40 in Colombia, 15 in Brazil, 2 in Costa Rica, and 1 in Mexico. Importantly, of the 66 Argentine procedures, 42 were performed in pediatric recipients, making Argentina the leading intestinal transplantation experience in the region. More recently, together with Hamed Nikoupour and Cal S. Matsumoto we reaffirmed that intestinal transplantation is not only feasible in resource-limited settings but can be successfully implemented when integrated within comprehensive intestinal failure, rehabilitation, and transplantation programs. The manuscript emphasized that the major determinants of success are not economic resources alone but the existence of multidisciplinary expertise, access to intestinal rehabilitation, home parenteral nutrition, long-term follow-up, and institutional commitment.

The experience developed at Hospital Universitario Fundación Favaloro remains one of the most significant achievements in the history of intestinal transplantation in Latin

America. The program demonstrated that a sustainable intestinal transplantation service can be developed in the region when transplantation is conceived as part of a broader intestinal failure continuum of care rather than as an isolated surgical procedure in a committed institution. The cumulative experience reported from Fundación Favaloro and collaborating centers accounts today for 54 intestinal transplants, representing the largest published experience in the Southern Cone and one of the largest in the developing world.

Equally important are the academic and organizational contributions associated with this effort. Our team was instrumental in introducing modern concepts of intestinal rehabilitation and transplantation to Latin America, promoting collaboration among regional centers and strengthening international partnerships, helping the developing of the specialty in various countries in the region and Asia. We also organized the first international meeting of the intestinal rehabilitation and transplantation community in Argentina (ISBTS 2015). The work done at the Intestinal Rehabilitation and transplant Association allowed me to be elected as the first Latin American President of the society, fostering the integration of Latin America into the global intestinal failure and transplantation community.

Ironically, the principal message of Sánchez et al. may become even more powerful when these experiences are acknowledged. Intestinal transplantation becomes a "myth" only when it lacks the individual and institutional vision, the multidisciplinary infrastructure, the governmental support, and the long-term commitment required for sustainability. What is not included in the manuscript, because the major lack is the real analysis of the country, how many patients does Mexico has currently on total parenteral nutrition for intestinal failure? how many adults, how many children? is it cover by insurances? is there active intestinal failure programs available? are any center dedicated to rehabilitation surgery? who has the surgical skills to do the transplants there today? how many need transplant? only by answering those questions you will be able to support your conclusions. Therefore, we respectfully suggest that future discussions regarding intestinal transplantation in Mexico and Latin America should accurately reflect the existing regional experience. The question is no longer whether intestinal transplantation can be successfully performed in Latin America. That question has already been answered. The true challenge is whether your healthcare systems are willing to invest in the comprehensive intestinal failure, rehabilitation, and transplantation programs necessary to ensure long-term success in each individual country. Without such commitment, intestinal transplantation may indeed continue to be perceived as a myth.

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