The first heart transplant in the world was performed in Cape Town, South Africa, almost half a century ago.1 In Mexico, heart transplantation was successfully performed for the first time on July 21, 1988.2 This event, of course, was the trigger for future transplant programs in the country. Transplantation of organs and tissues is sometimes the only alternative able to resolve tissue or organ failure because it allows not only rescuing the recipient's life, but also allows for the patient to be reinstated into the social environment and to be productive. Certainly this intervention constitutes a milestone in medicine. Currently this procedure is performed in the Hospital Infantil de México Federico Gómez (HIMFG), the first specialty hospital established and created in the country under the administration of the National Institutes of Health of Mexico. At the completion of 70 years of excellent medical activity, it is clear that the HIMFG is a national tertiary-care referral center for all pediatric conditions and is a highly specialized institution, representing the “last link” in addressing complex medical problems. HIMFG, over the years, has distinguished itself as a pioneer in the development of its personnel, medical care, teaching and research in different specialties in the field of pediatrics and, particularly, in the area of heart surgery. This activity basically was driven from its beginnings by Dr. Gonzalez Cerna. The first heart transplant in the institution was carried out on June 21, 2001, thus forming a pediatric heart transplant program in our country.3 The HIMFG has also been a pioneer in transplant management of other organs.4

In Mexico, the first heart transplant program with the highest number of pediatric cases is at the HIMFG. Ten years from the start of this program the first series of cardiac transplantation cases in children is presented and analyzed in this issue of the Boletín Médico Hospital Infantil de México.5

This program includes patients from newborns to teenagers and offers new expectations in the management of severe heart diseases that were once considered untreatable. Dr. Alejandro Bolio et al. report their experience with younger babies in the context of the first 10 years into the heart transplant program.5 The most common indication for transplant was dilated cardiomyopathy. Patient survival according to year of transplant was 70% and long-term patient survival, i.e., for >10 years, was 50%. These results are more than satisfactory to date.

Finally, it is important to consider that hospitals with organ transplant programs and the relevant committees with current certification are institutions that are willing to raise the quality of care provided. It is clear that these programs should involve, in addition to qualified human resources, virtually all clinical areas from laboratory and imaging services to include administrative services.

In summary, these programs provide a tool for motivation and pride in being affiliated with our institution.

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