influence of such combinations on four major end-points: 30-day mortality, PGD, BOS and long-term survival. Although we aimed at constructing a homogeneous study group (adjusting for size and diagnosis), other confounding factors might have had an influence. These circumstances might have biased the results to some degree but not, in our opinion, to an extent that may invalidate the main conclusions drawn from the study.

To summarize, this single-centre, retrospective analysis found that D/R gender mismatch does not have a negative impact on short-term and long-term outcomes after lung transplantation. The survival benefit for female patients might be associated with the predominance of CF in this particular group of recipients. Therefore, gender should not be considered a significant enough issue in considering the way the lungs are allocated, because of the constraints of shortage of donor organs and the more significant effects of other donor factors including age and underlying disease. For these reasons, D/R gender matching should not be taken into consideration when allocating donors to specific lung transplant candidates. Additional investigations are required to corroborate these results.

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References


