

Liver disease in children: From neonatal jaundice to living donor liver transplantation



Paediatric hepatobiliary treatment, including hepatology, paediatric surgery and transplantation, is classified as quaternary and tertiary care. These procedures are often perceived as consuming too much 'buck for their bang', spending a disproportionately large percentage of healthcare budgets on a relatively small cohort of patients. Additionally, and probably as a direct consequence, this specialised care is difficult to access in South Africa (SA), and the small number of existing units fight a constant battle to secure the resources that are required to adequately provide and sustain such services. Further obstacles faced in the provision of these services in SA include massive shortfalls in human resources, a resistance by the general medical community to refer such problems to centres of excellence, and a lack of support for such services by the regulating health authorities from an infrastructural, financial and general supportive perspective. That being said, when attending international meetings and visiting world-class units abroad, one is always tremendously encouraged by how favourably SA centres compare from a clinical perspective. A cohort of bright, committed clinicians, treating their patients with integrity and pride, ensure the best outcomes possible, wonderfully counteracting what we lack in financial support, human resource and laboratory science.

Many of these challenges were raised and discussed during our 2012 symposium, at the conclusion of which one departed with an enormous sense of positivity and common purpose. I would refer you to the dedicated Part 2 of the November 2012 edition of the *South African Medical Journal*, which provides excellent insights into that meeting. It is no surprise then that 2 years on, the publishing of this dedicated Part 2 of the journal once again coincides with our symposium, and what a story there is to tell. While Red Cross Children's Hospital in Cape Town has maintained a superb paediatric liver transplant programme, well supported by the Western Cape Department of Health, Gauteng's story has run a far stormier course, with significantly poor support from the Department of Health in Gauteng. This needs to be urgently addressed to ensure a sustainable solution for the care of these children into the future. Fortunately, however, and once again due to the focused intent from the medical and administrative team, the transplant unit at the Wits Donald Gordon Medical Centre in Gauteng has had a successful journey from inception to the present, demonstrating the depth of true SA spirit.

Sharing the spotlight at this year's meeting is the celebration of the career of one of the country's true fathers of paediatric surgery in the modern era, Professor Peter Beale. The vast number of colleagues, fledglings and retired, who have travelled locally and from abroad, serve to highlight the esteem in which this kind master of our art is

held. As general surgery has morphed into numerous highly focused subspecialties, paediatric surgery has remained the bastion of the true generalist, providing surgical care through all organ systems and across all body cavities. As more focused practice finds its way into the specialty in the 21st century, Peter Beale has provided the finest example of what defines a true paediatric surgeon. Having fostered countless fellows and registrars, developing them all into competent craftsmen, he can be most proud that the vast majority of us continue to operate with his bushy eyebrows forever peering over our shoulders into the operative field.

True to the topic of this meeting and the content of this publication, Professor Beale performed a hepaticoenterostomy on a 2-year-old girl, Simone Georgiades, for biliary obstruction secondary to obliterative sclerosing cholangitis in 1984. With established cirrhosis, she progressed to end-stage liver disease and was listed on Johannesburg's liver transplant programme under Professor Myburgh. The Greek community simultaneously raised funds and, creating enormous consternation, Professor Beale arranged a transfer to Cambridge where Professor Roy Calne, one of the founders of liver transplantation, performed a successful transplant. Simone was the first SA child to receive a liver transplant and is now a delightful 32-year-old lady in the prime of her life. She really defines the success of hepatobiliary care in SA and has recently re-entered the transplant service in Johannesburg.

With Peter having contributed in one way or another to the training of the vast majority of surgeons involved in paediatric surgery and transplantation today, I am certain that he is delighted to see how his department has grown and evolved over the years, and in particular how transplantation has expanded, most notably in Gauteng in recent times. It gives us tremendous pride to invite you into the pages of this edition of the *South African Medical Journal*, in which true international experts in the fields of paediatric hepatobiliary surgery, hepatology and transplantation share their knowledge and experience with us. If you could not make the meeting, you will certainly enjoy the read!

Finally, please join us in a tribute to Professor Peter Beale, master of his art!

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