INTRODUCTION

Transplantation of whole organs from one individual to another has been a dream of man for centuries . A dream which during the last 20 years became a reality. In this time we have seen renal transplantation become an accepted therapy for end-stage renal failure,corneal transplantation become routine while some success has been achieved with cardiac, liver, pancreatic and skin transplantation Nevertheless allogenic tissue transplantations still present major problems in management.The two major problemes are the rejection reaction and the complications of therapy given to prevent rejection . Allogeneic marrow transplantation had to await the recognition and indentification of the HLA tissue antigen system and the development of lymphocyte compatibility tests to be feasible .

Bone marrow transplantation has been shown to offer an impressive disease-free survival advantage for selected patients with several hematologic malignancies e.g. patients with high risk forms of acute leukemia and the chronic phase of chronic myelogenous leukemia .

Bone marrow transplantation represents an excellent chance of cure for patients with severe aplastic anaemia and for a wide range of rare congenital disorders .

Bone marrow transplantation remains an expensive procedure that relies upon special clinical expertese and multidisciplinary support from blood transfusion centres, microbiologists, radiotherapists, pharmacists, dieticians, routine diagnostic services and operating theatre staff . The future role of BMT in the management of various conditions will depend upon developments that make the procedure easier, safer, cheaper and more widely applicable to patients without fully matched donors.