

# RESULTS FROM 150 PANCREAS-KIDNEY TRANSPLANTS – A SINGLE CENTRE ANALYSIS

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## INTRODUCTION

Results from international registries showed that simultaneous pancreas-kidney transplantation (SPKT) is the best treatment for type 1 diabetic patients with end-stage renal disease who have the conditions for this kind of transplant.

## OBJECTIVES AND METHODS

Our aim was to analyse the short and long-term results in our cohort of SPKT. Since the May/2000, 150 SPKT were performed and followed-up at our centre (considered only those with a minimum follow-up of 6 months). We retrospectively studied the results of these 150 SPKT: the causes of patient loss and graft failure, and risk factors possibly associated with the outcome.

## RESULTS

**150 SPKT** - 81 females : 69 males

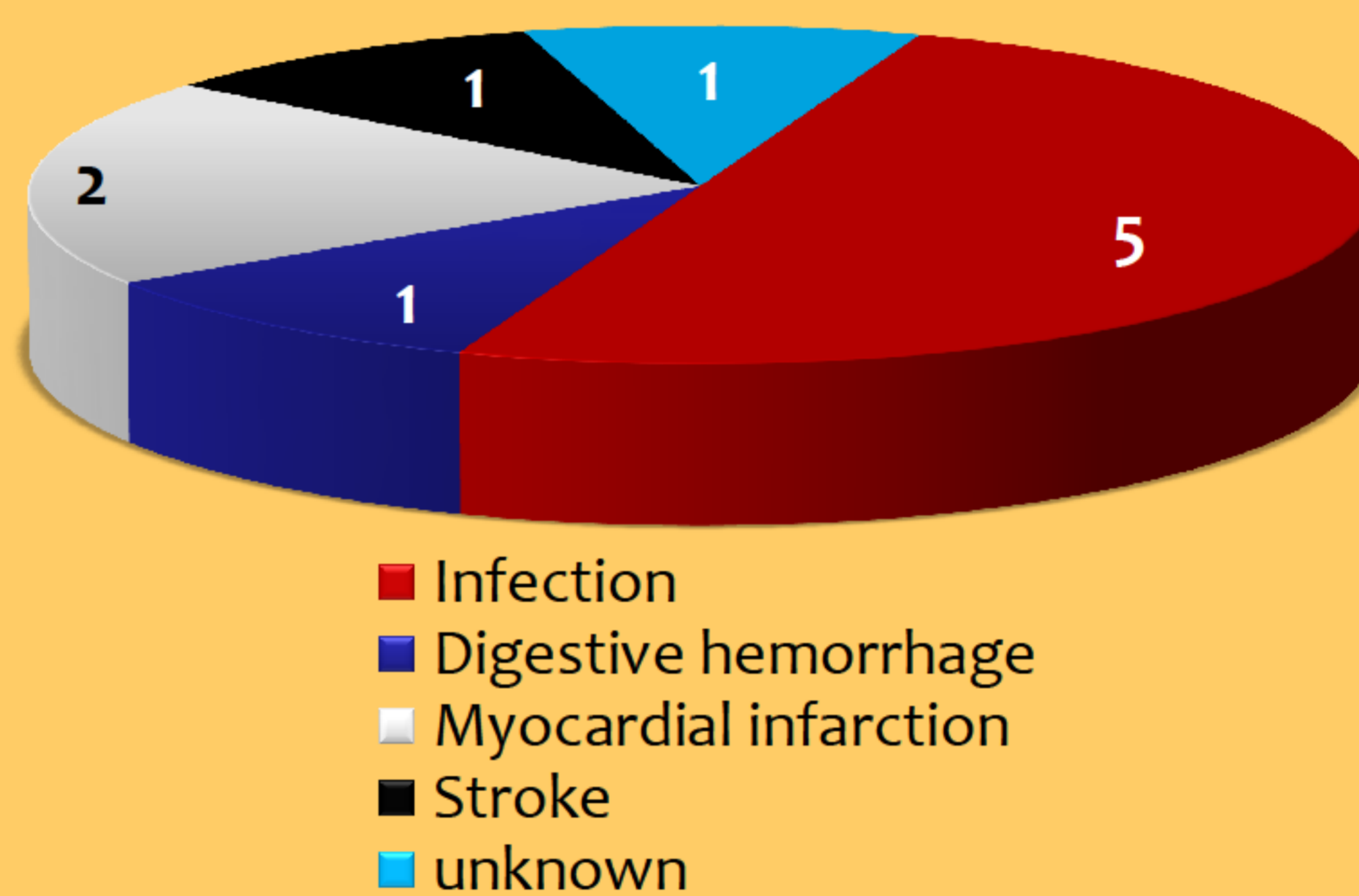
At transplantation date:

- Mean age = 35±6 years;
- They were diabetic for 24±6 years;
- And were on dialysis for 30±21months (except 5 preemptive).
- Immunosuppression (induction): **ATG+Tac+ MMF+Pred**
- Deceased donors; mean age = 28±11 years.
- With 6 HLA-mismatches - in 28.7%.
- Acute rejection incidence: 16%.

The **110 SPKT (73.3%)** with both grafts functioning:

- Creat= 1.2±0.4mg/dl; CrCl=76±24ml/min
- glycaemia = 81±10mg/dl; HbA1c=5.3±0.4%
- Hypertension: 47.2%; 28.2% - only 1 drug
- Hyperlipidaemia-19.9% ;BMI>25kg/m<sup>2</sup>- 17.3%

causes of death (N=10)



Early death (N=5):

- \* 4 - Infection
- 3 post-op. sepsis
- 1 aspergillosis
- \* 1 - unknown

Late death (>12m) (N=5):

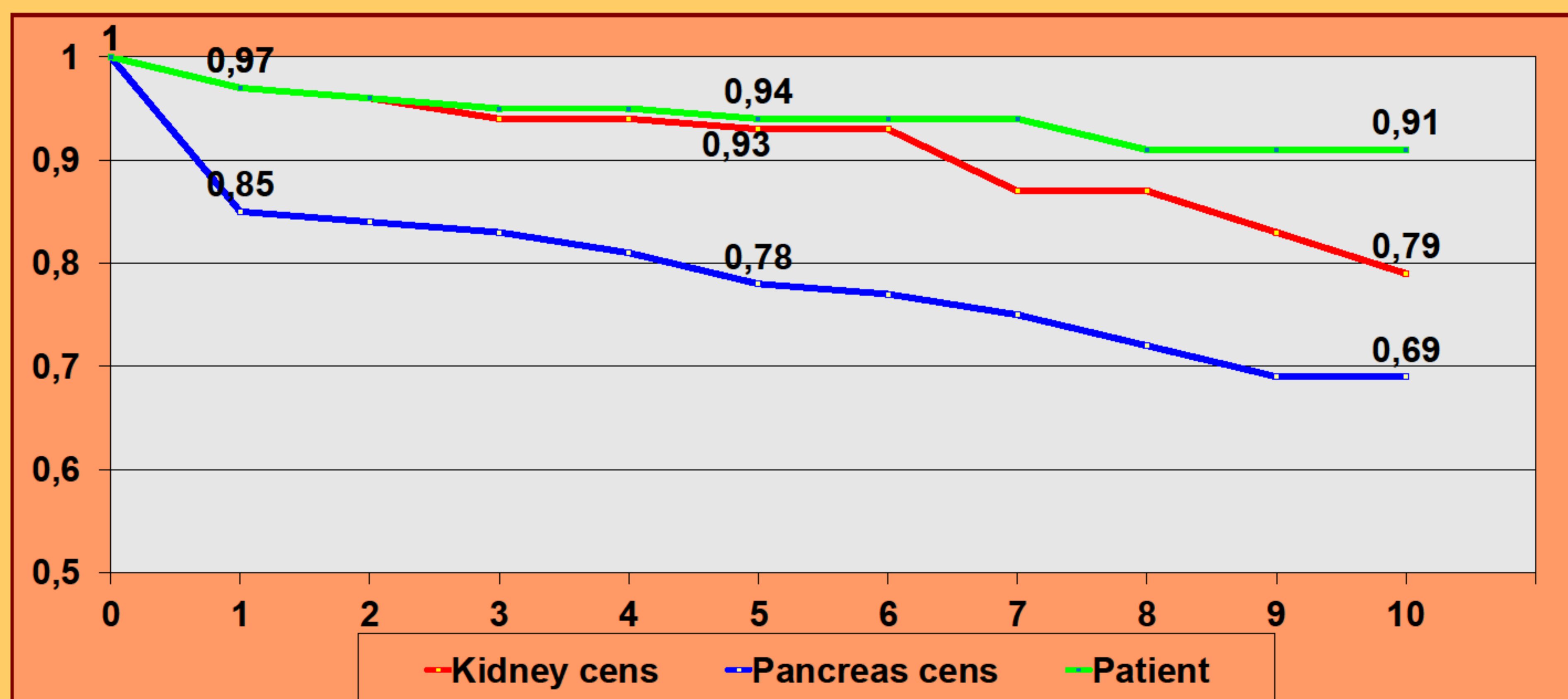
- \* 2 Myocardial Inf
- \* 1 Stroke
- \* 1 CMV
- \* 1 Dig. Hemorrhage

- Pancreas loss (N=21)
- 8 - thrombosis
  - 3 - bleeding
  - 5 - infection
  - 2 - late acute rejection
  - 3 - other causes

- Both grafts loss (N=5):
- 4 - Late Rejection (3 stop medic).
  - 1 - Thrombosis

- Kidney loss (N=4)
- Chronic Rejection

Survival curves: (kaplan-Meier)



## CONCLUSIONS

From our cohort of SPKT,

- 93.3% of the patients are alive;
- the pancreas is functioning in 76%;
- the kidney in 87.3%;
- and both grafts in 73.3%.

Hypertension was the most frequently found CV risk factor. The prevalence of hyperlipidaemia and overweight is inferior to 20%. Infection was the cause of death in 3.3% of the patients and CV / cerebrovascular disease in 2%.

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