RESULTS OF SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANTATION AFTER NEARLY 10 YEARS OF EXPERIENCE IN OUR HOSPITAL.

Dr. G. Tabernero⁽¹⁾, Dr. M. Sanchez-Jauregui⁽¹⁾, Dr. A. Tyszkiewicz⁽¹⁾, Dr. P. Fraile⁽¹⁾, Dr. J.Sebastia⁽¹⁾, Dr. R.A Iglesias⁽²⁾, Dr. L. Muñoz⁽³⁾, Dr. C. Esteban⁽³⁾, Dr. M. Iglesias⁽³⁾, Dr. L. González⁽³⁾. (1) Department of Nephrology, (2) Department of Endocrinology, (3) Department of Surgery, University Hospital of Salamanca, Spain.

Introduction: Simultaneous Pancreas and Kidney (SPK) transplantation is the most suitable option for patients with Diabetes Mellitus (DM) and Chronic Renal Failure (CRF) and improves their quality of life.

Methods: We evaluated the results of SPK transplantations in our hospital. From 27/02/2009 to 20/11/2018, 70 patients received a pancreas transplantation. 68 SPK and 2 patients who received a second pancreas after kidney (PAK) because of a failure of the pancreas graft surgery (these two were excluded from the study). Retrospective study where we analysed demographic characteristics, evolution and grafts and patient survival. Kidney failure = re-starting dialysis and pancreas failure = need of insulin administration. Student t, X2 and Mann Whitney tests were done.

Results: In this period 68 SPK were carried out in the University Hospital of Salamanca, Spain. Recipients mean age was 40.6 +/- 7.75. 7 patients received a pre-emptive SPK (10.29%), 19 (27.94%) were in Peritoneal dialysis (PD) and 42 (61.76%) Hemodialysis (HD). Pancreas cold ischemia time (CIT) mean was 11 hours 20 minutes and renal CIT mean 14 hours 10 minutes. Patient survival was 95.58%. 7 kidneys were lost (4 of those patients had already received a second kidney transplantation). Renal survival was 85%, death censored 93%. Pancreas survival was 92%, death censored 97%. Renal function and glycosylate haemoglobin are shown in the table. We didn't find any association between the values studied and renal or pancreas failure.

Conclusions: After nearly 10 years we can say that transplantation is SPK suitable the most treatment for patients with DM and CRF. We didn't find any statistical association between the reviewed values and the this prognosis of transplantation.

Table

Creatinine 1 year post- transplantation (post-tr)	1.15 +/- 0.31mg/dl
HbA1C 1 year post-tr	5.33 +/- 0.48%
Creatinine 5 years post-tr	1.22 +/- 0.29mg/dl
HbA ₁ C 5 years post-tr	5.41 +/- 0.37%
Creatinine November 2018	1.19 +/- 0.28mg/dl
HbA ₁ C November 2018	5.32 +/- 0.37%