

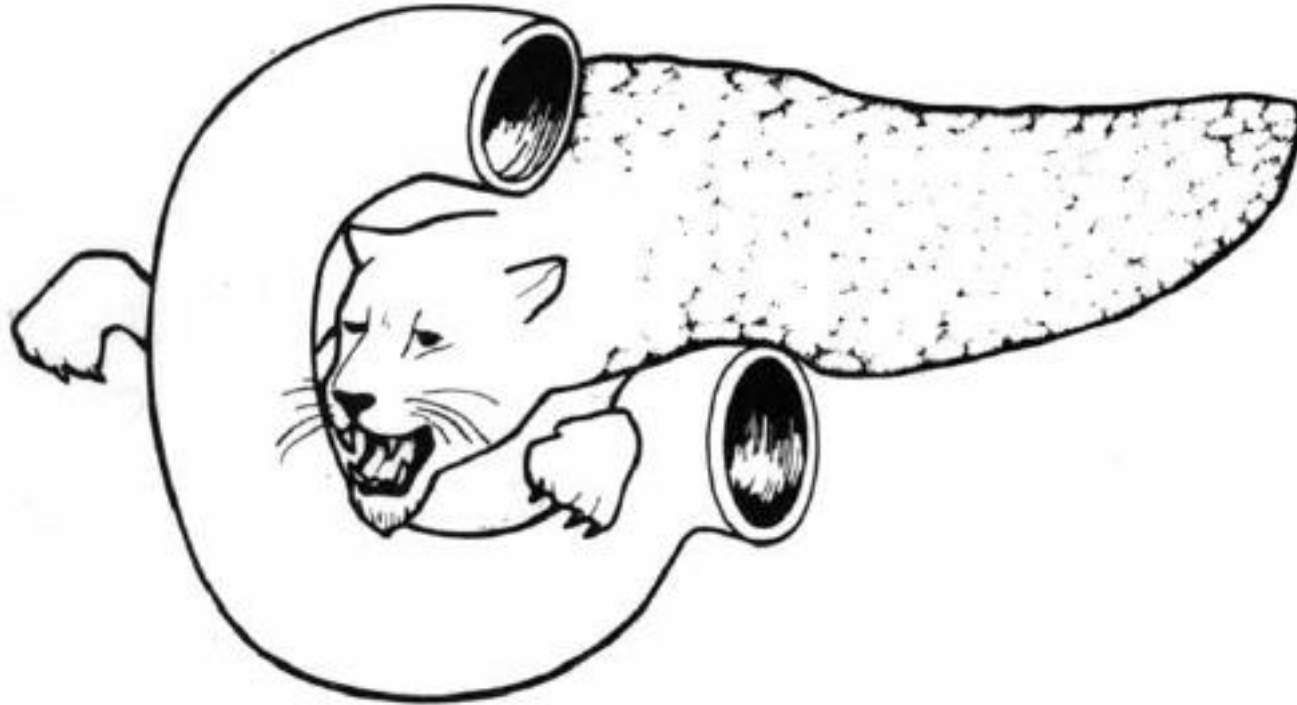
Pancreas Transplantation



- *PNUYH experiences*

양산부산대학교 병원 외과 최병현





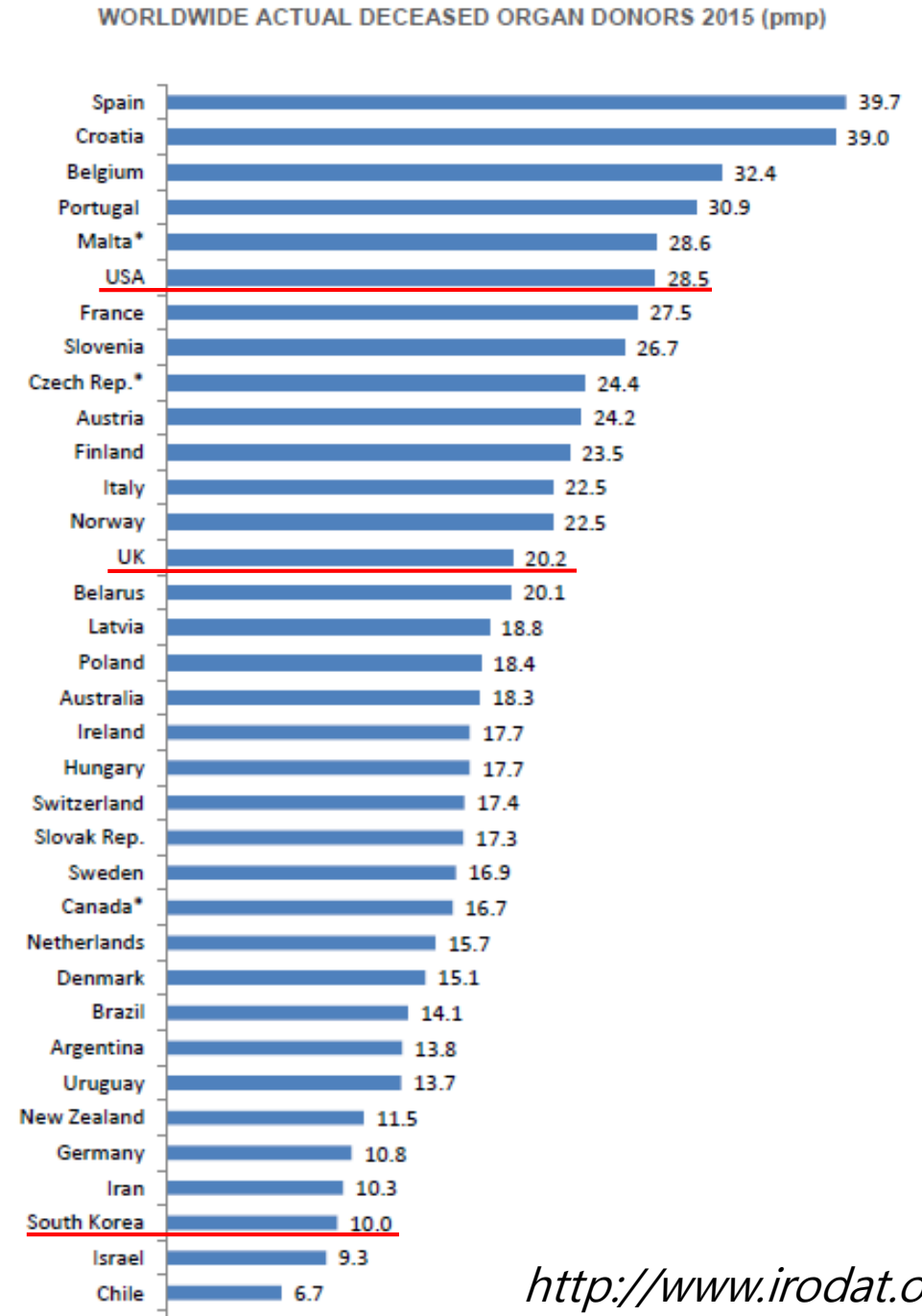
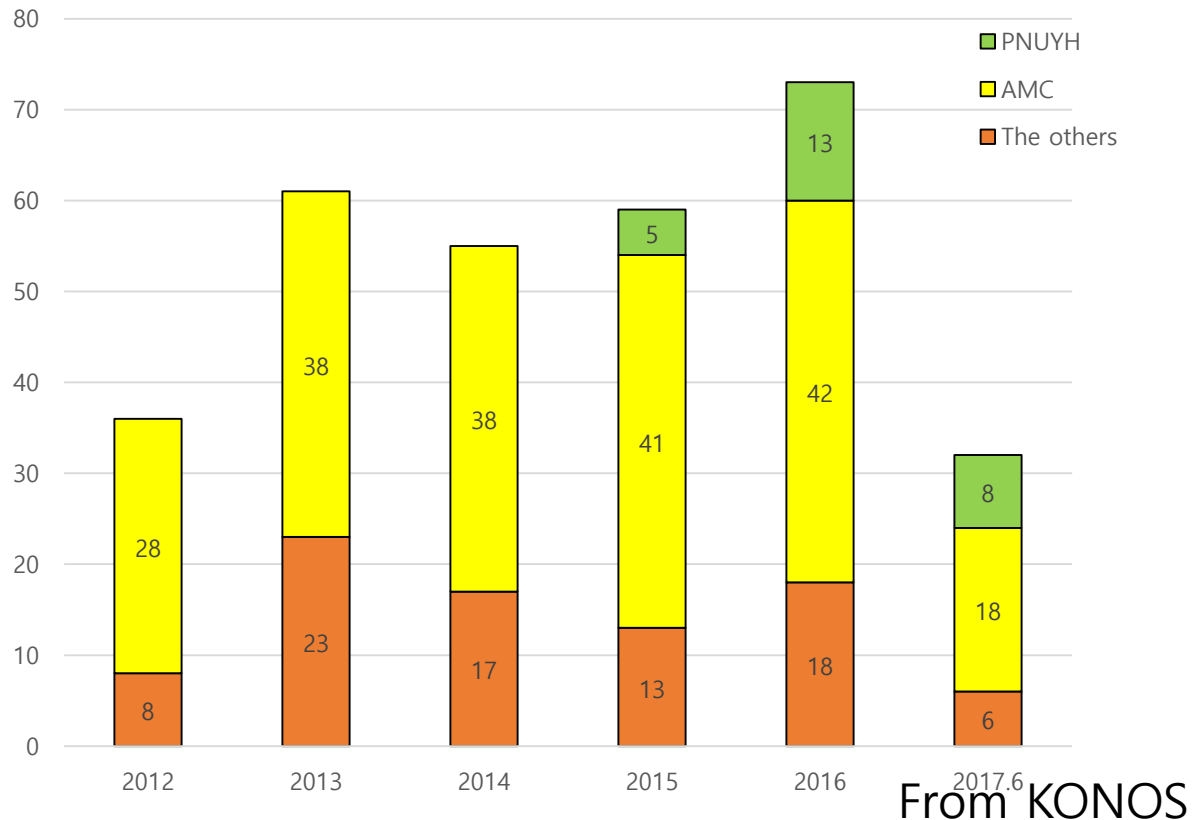
▲ 잠자는 사자 그림 (Complications of Pancreatitis/
Edward L. Bradley, III, M.D. 에 실린 그림)

Overview

- The pancreas transplantation(PTx) is currently the only therapy that consistently restores insulin-independence in beta-cell penic diabetic recipients.
- As compared with PTx, islet cell transplantation is associated with lower procedure-related morbidity but requires the same immunosuppression, may necessitate multiple donors and insulin-independence is not often maintained long-term.
- The artificial pancreas is also promising, but is under-development.

Current Pancreas Transplant Activity

- >50,000 cases in World wide
 - >29,000 cases from US, >19,000 from other countries
- >500 cases in Korea
- 인구당 췌장이식 건수는 미국과 영국의 절반 이하,
but.... 국내 췌장이식 건수



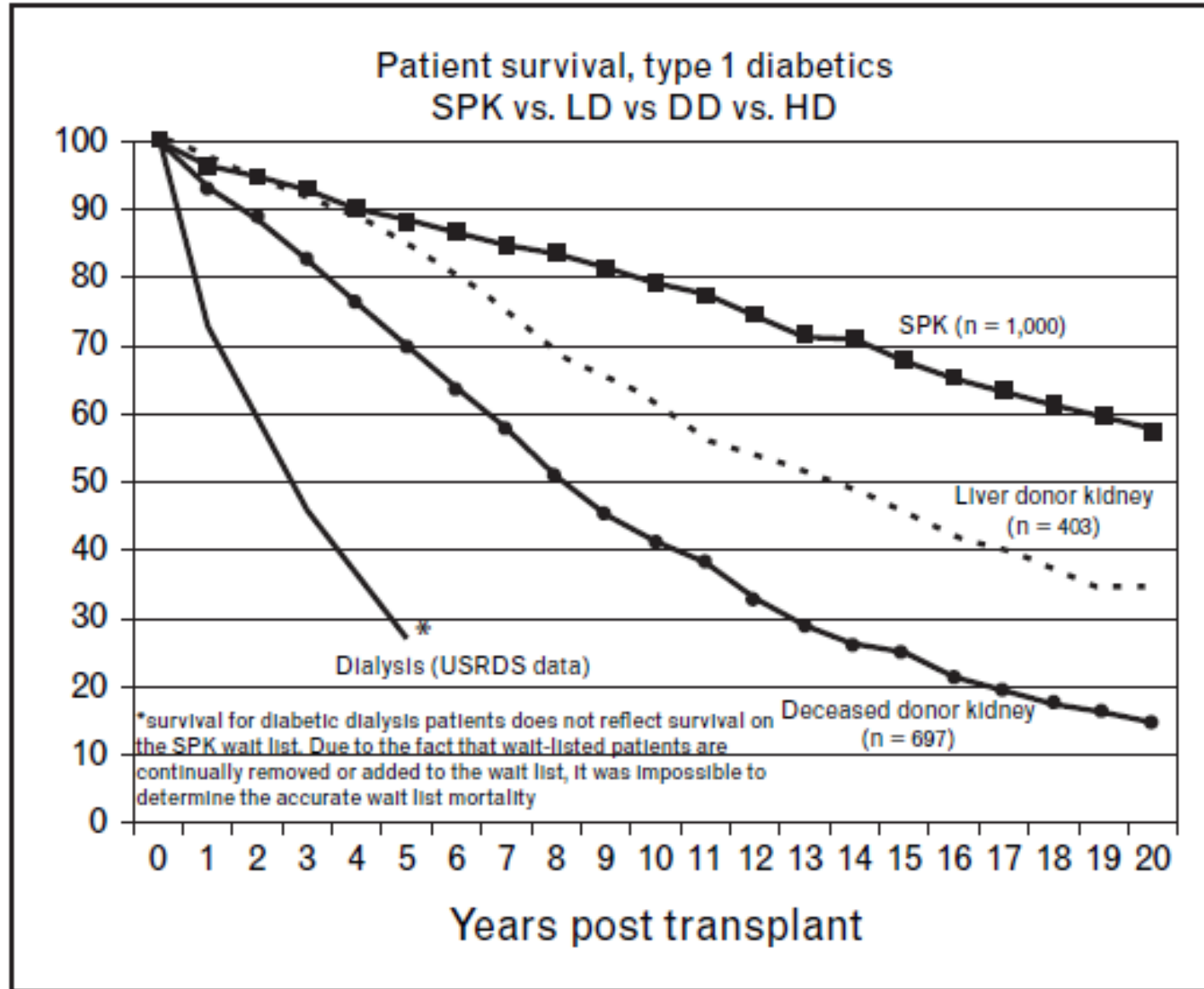
Types of Pancreas transplant

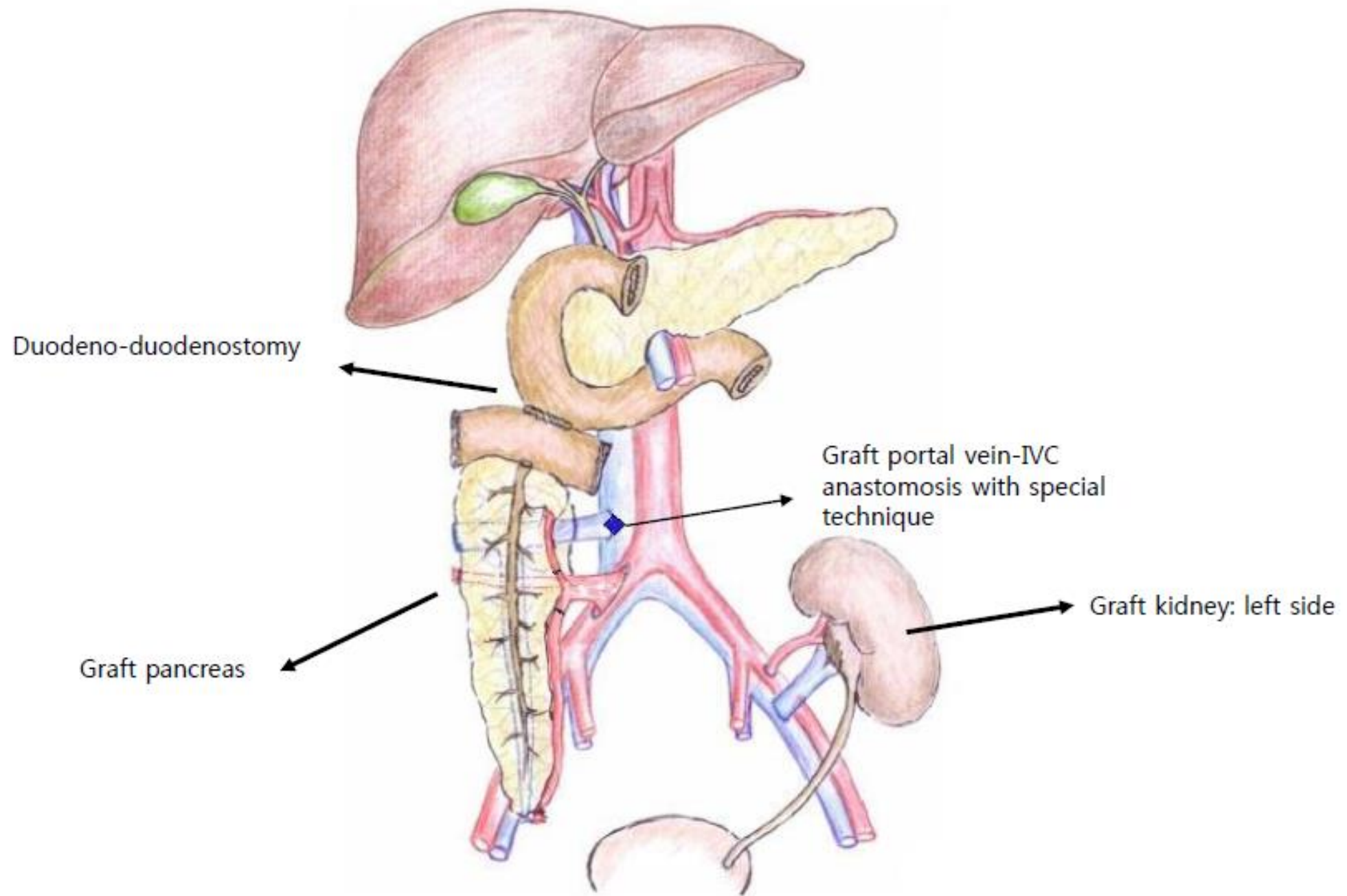
1. SPK (S)

1. Cadaveric
2. Living
3. SPLD

2. PAK (S)

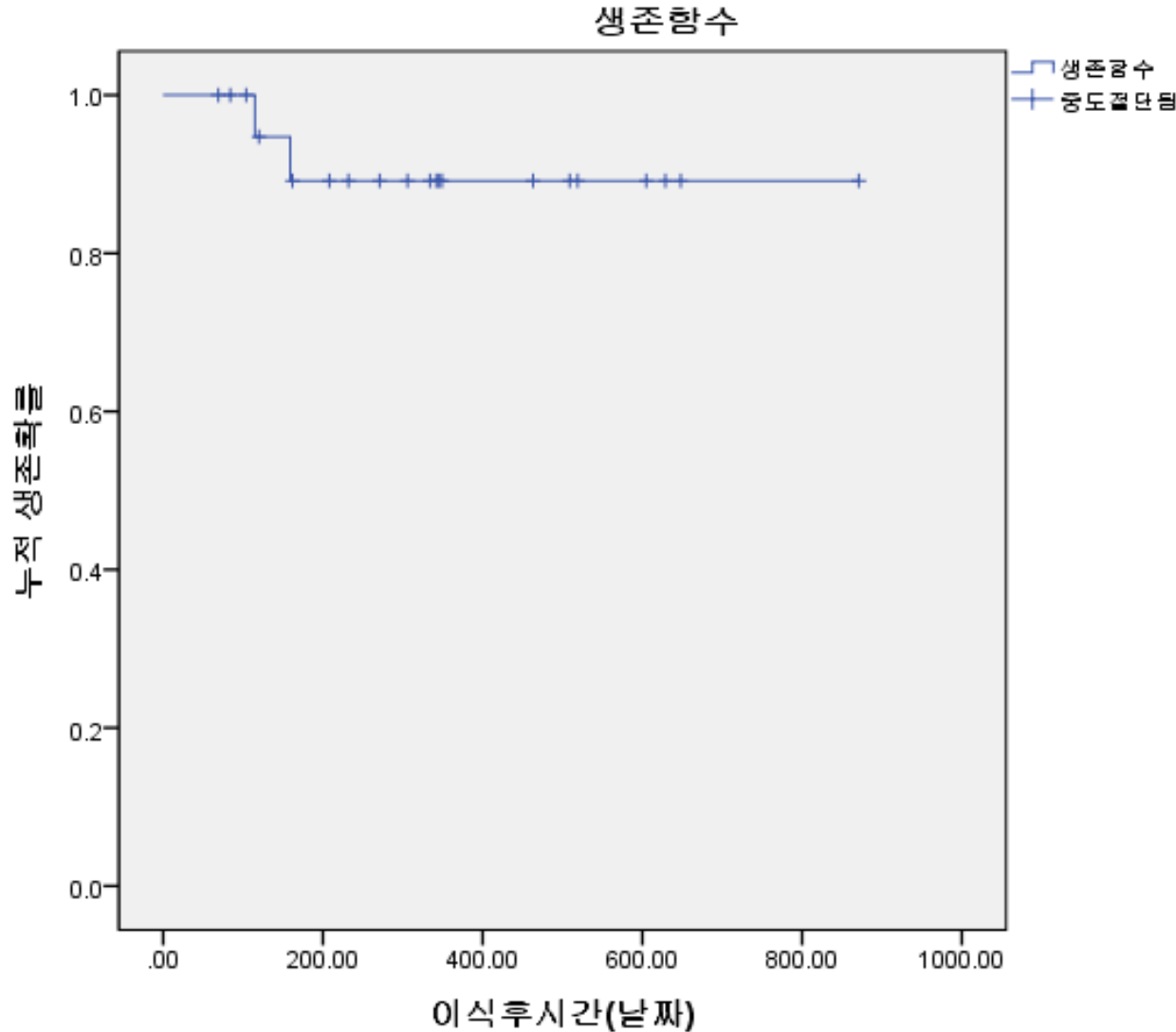
3. PTA (S)





Results (n=25, 2015.8~2017.6)

- No technical failure
- Pancreas Graft
 - 91.3% (2 graft compliance)
- Morbidity
 - Reoperation
 - Complete venous thrombosis
 - The 1st case
 - Partial venous thrombosis
 - Resolved
 - One case
 - No duodenal obstruction
 - Duodenal reoperation
 - High dose



and non-

for bleeding

Conclusion

- The main hurdles of performing pancreas transplant are
 - The initial surgical risk – **almost overcome**
 - Life-long immunosuppression
 - With or after kidney transplant is preferred.
 - Selected non-uremic diabetic patient – PTA is acceptable.
- For successful pancreas transplant,
 - Good surgical technique – such as LDLT technique
 - Good immunologic monitoring – such as caring of KT recipients
- *Pancreas transplant is already established therapy in insulin-dependent DM.*

Thank You!

