

Simultaneous Pancreas and Kidney transplantation stabilises Diabetic Retinopathy

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Chronic microangiopathic complications of diabetes have socio-economic and quality of life implications. This has favoured simultaneous pancreas and kidney transplantation (SPK) in Insulin dependent diabetics with end stage renal failure.

SPK transplantation has a beneficial effect on diabetic neuropathy¹ and may reverse lesions of diabetic nephropathy². However, the effect of SPK transplantation on diabetic retinopathy remains controversial.

We present a case of a 41- year old Asian male, with an 18-year history of Insulin dependent diabetes, who has been followed up for 16 years. He initially underwent bilateral cataract surgery in 1992. At that time no diabetic retinopathy was noted.

In 2000, he was found to have background diabetic retinopathy which progressed to proliferative stage in 2002. Despite several sessions of panretinal photocoagulation between 2002 and 2004 his retinopathy progressed to localised areas of tractional retinal detachment and recurrent vitreous detachment. In November 2004, he started dialysis for end stage diabetic nephropathy. During 2005 and beginning of 2006 he was not fit to undergo vitreoretinal surgery due to poor general health. Visual acuity was reduced to 6/36 in each eye.

In April 2006, he underwent SPK transplantation. He became insulin independent 3 months post operatively and since then he has maintained normal renal function. There was regression of the retinal neovascularisation and gradual absorption of the vitreous haemorrhages. Visual acuity improved to 6/9 in each eye 9 months post SPK transplantation and has remained stable up to now. Furthermore, the retinopathy remains inactive.

This case illustrates clinical stabilisation of proliferative diabetic retinopathy following SPK transplantation. Previous studies have recounted worsening of diabetic retinopathy after SPK transplantation.³⁻⁵ Longer follow up and advancement of post transplant immunosuppressive treatments could allow the findings of other studies reporting on stabilisation of diabetic retinopathy.⁶⁻⁷ These controversies exemplify the need for further research and growing interest in the management of SPK transplant patients.

References

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