# Pancreas Transplantation

SHAMSAEEFAR AR

HPB & TRANSPLANT SURGEON

SHIRAZ TRANSPLANT CENTER

• In December 1966, the first pancreas transplant ever was performed at the University of Minnesota. R. Lillehei and W. Kelly, transplanted a kidney and a pancreas in a diabetic patient on dialysis, getting function of both organs.

**Table 1** First Successful Transplantation of Human Allografts (Survival  $\geq 1$  Year)

Organ	City (Ref.)	Date	Physician/surgeon
Kidney	Boston (9,10)	1/24/59	Merrill/Murray
Liver	Denver (11)	7/23/67	Starzl/Groth
Heart	Cape Town (12)	1/2/68	Barnard
Bone marrow	Minneapolis (13)	8/24/68	Gatti/Good
Pancreas <sup>a</sup>	Minneapolis (8)	6/3/69	Lillehei/Kelly

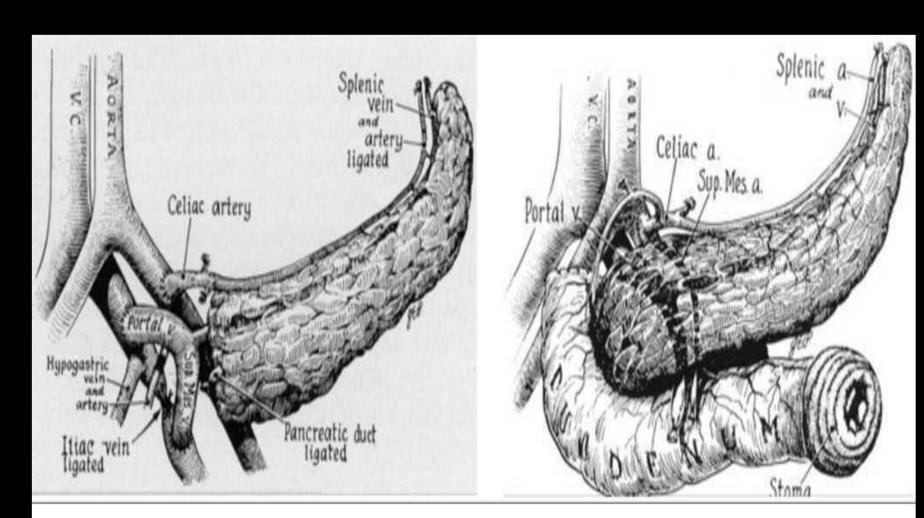
#### **THE FIRST**

- Lillehei and Kelly, 2 surgeons with independent laboratories and research fellows, joined forces and, together with the diabetologist Goetz, made the unheard of decision to simultaneously perform kidney and pancreas transplantations in a 28-year-old patient who had been diabetic since the age of 9 and who presented end-stage renal disease.
- This transplantation, led by Kelly and assisted by Lillehei and Merkel, was done at the Mayo Memorial Hospital in Minneapolis, by the prestigious Surgery Department headed by Wangensteen.

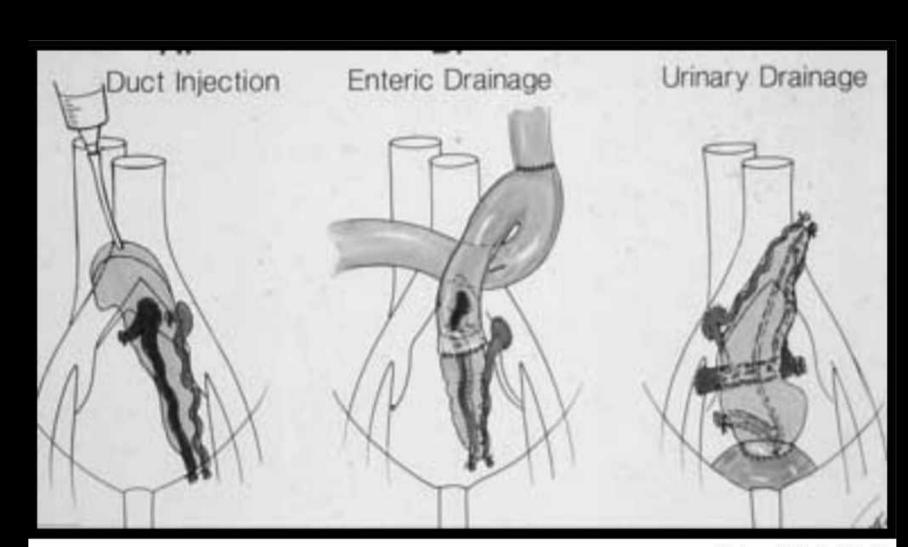
# Lillehei and Kelly







Cir Esp. 2017;95:254-60



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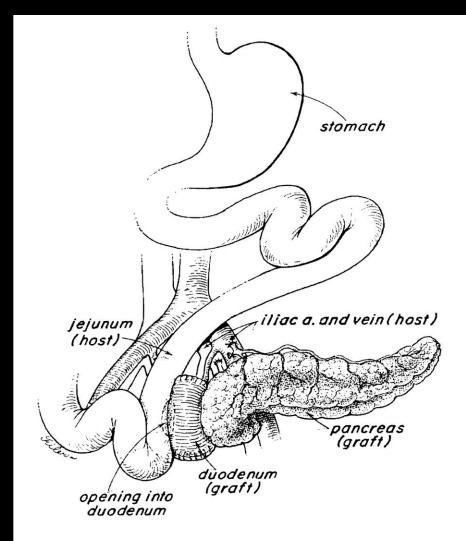


Figure 3 Use of donor "duodenal bubble" for exocrine pancreatic drainage introduced in Pittsburgh in 1983.

- The first whole-organ pancreaticoduodenal transplant drained via the portal circulation was reported by Mühlbacher from the University of Vienna, Austria, in 1989.
- In 1992, Rosenlof et al. from the University of Virginia and Shokou-Amri et al. from the University of Tennessee described the use of portal drainage at the junction of the recipient's superior and splenic veins in recipients of enteric-drained whole-organ pancreaticoduodenal transplants.
- As the 20th century came to an end, enteric and systemic venous drainage were the most commonly used techniques worldwide.

#### **INDICATIONS**

- DM requiring insulin (c-peptide <0.6ng.ml signifies type 1)\*</p>
- Frequent/severe hypoglycemic episodes
- Recurrent hospitalizations for hypoglycemia
- Early development of secondary diabetic complications (relative)
- Inability to manage DM by standard insulin regimens

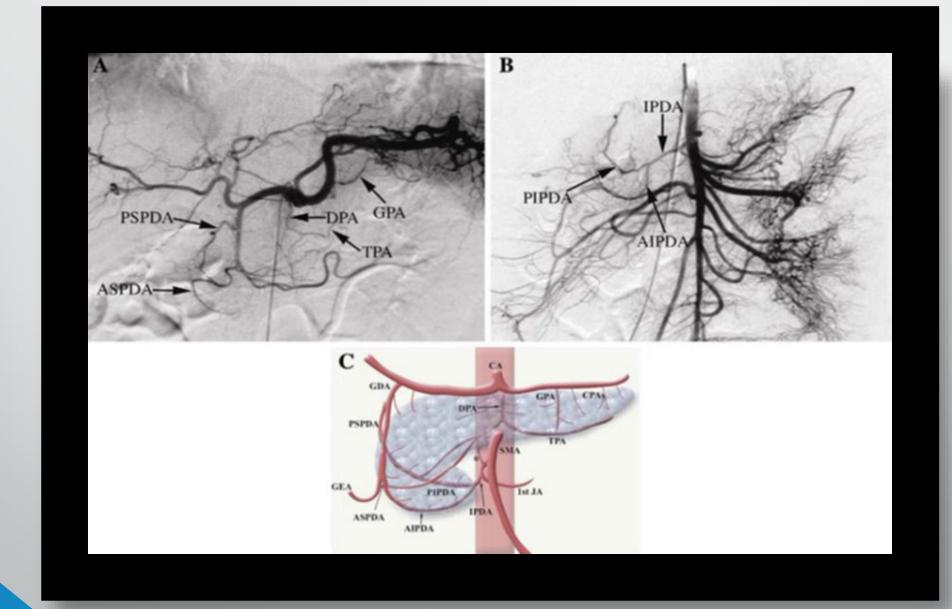
# Types of Pancreas Transplantation

Simultaneous Pancreas and Kidney transplant (SPK)

Pancreas after Kidney (PAK)

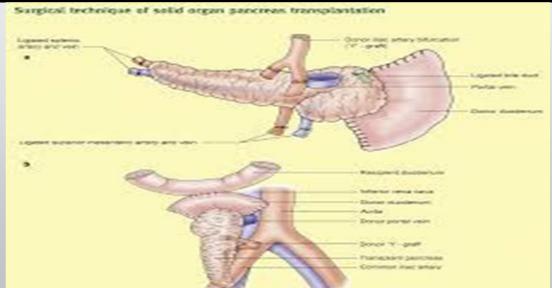
Pancreas Tx Alone (PTA)

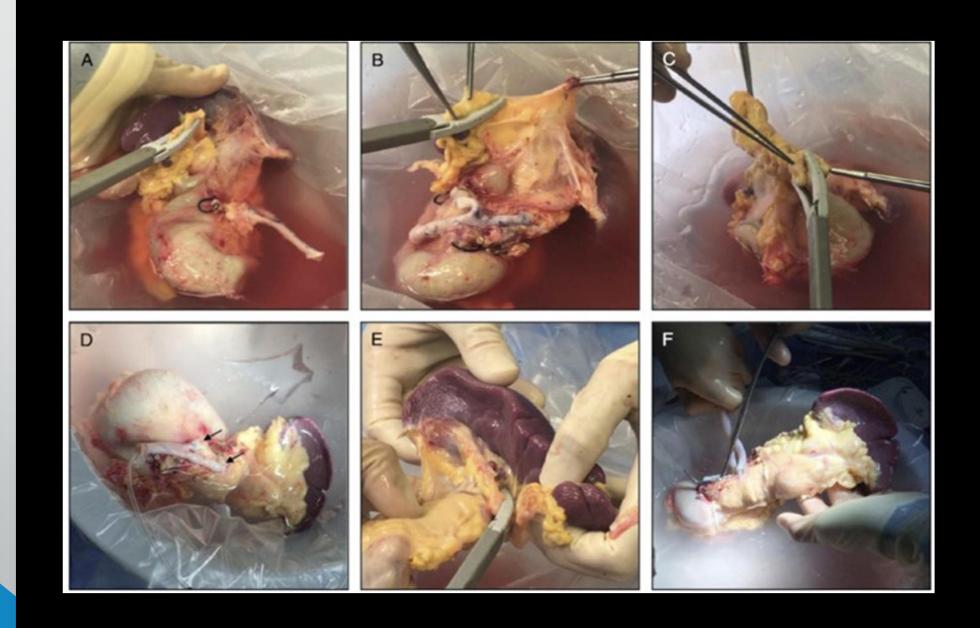
# PANCREAS BACK-TABLE









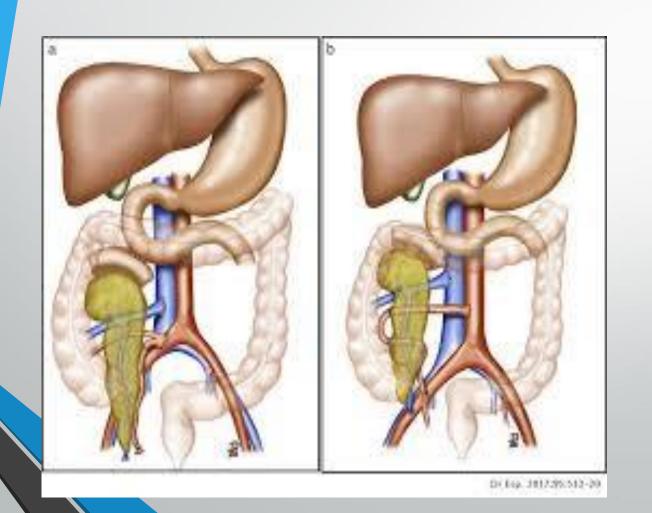


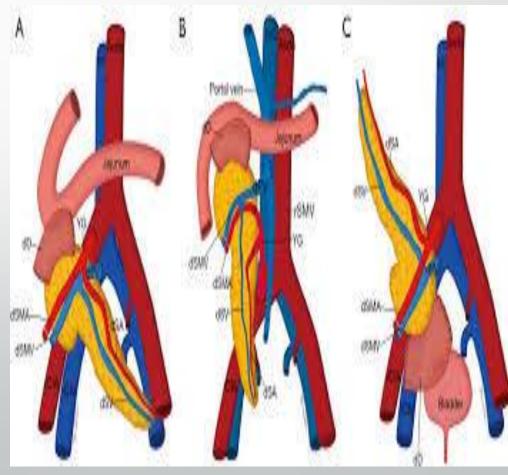
#### **VANOUS DRAINAGE**

Systemic Drainage

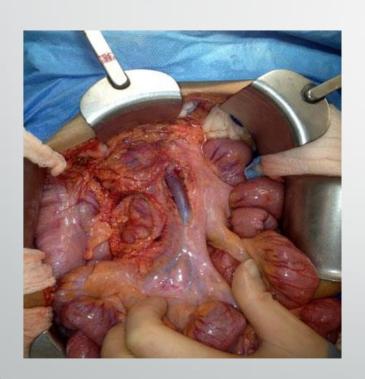
Portal Drainage

# **Systemic Drainage**





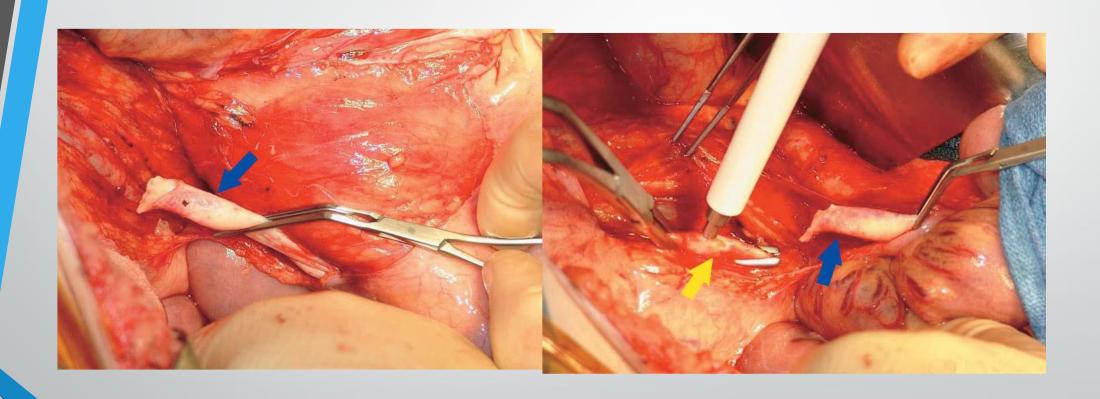
# **Portal Drainage**



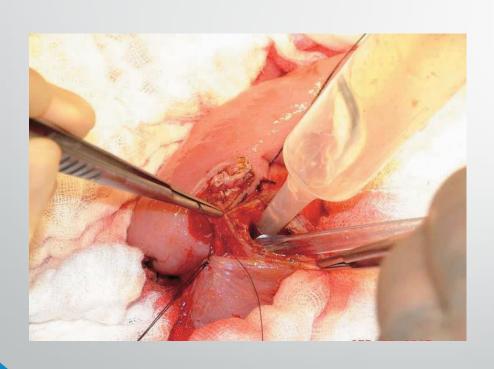


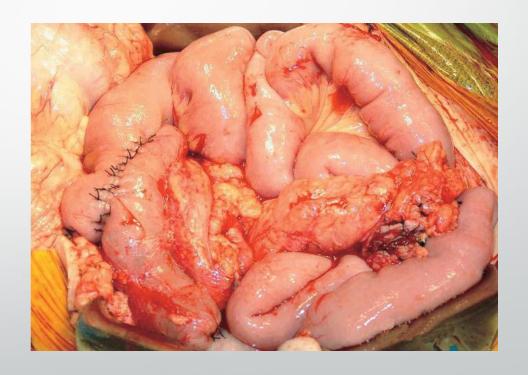


#### **ARTERAL SYSTEM**

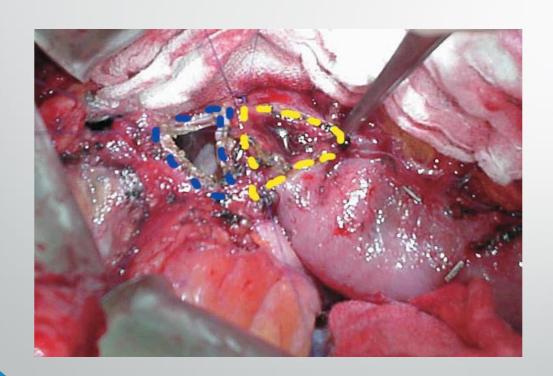


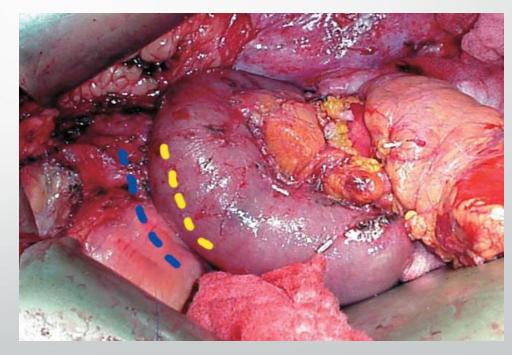
# **Enteric Drainage**





# **Bladder Drainage**



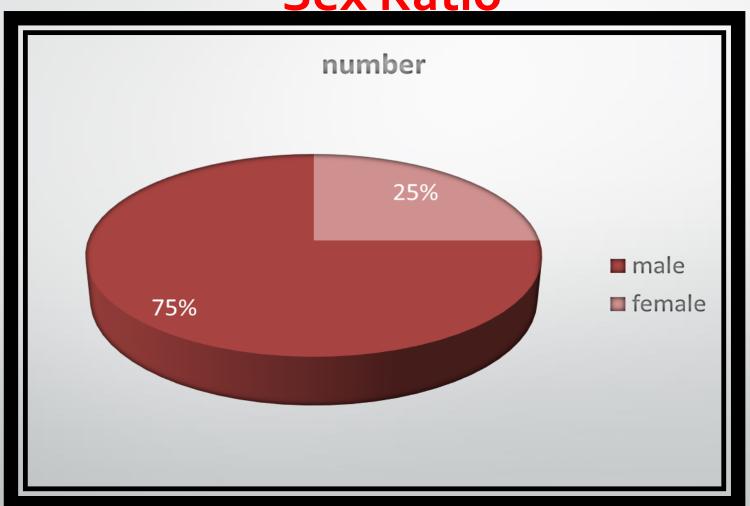


#### SHIRAZ TRANSPLANT CENTER

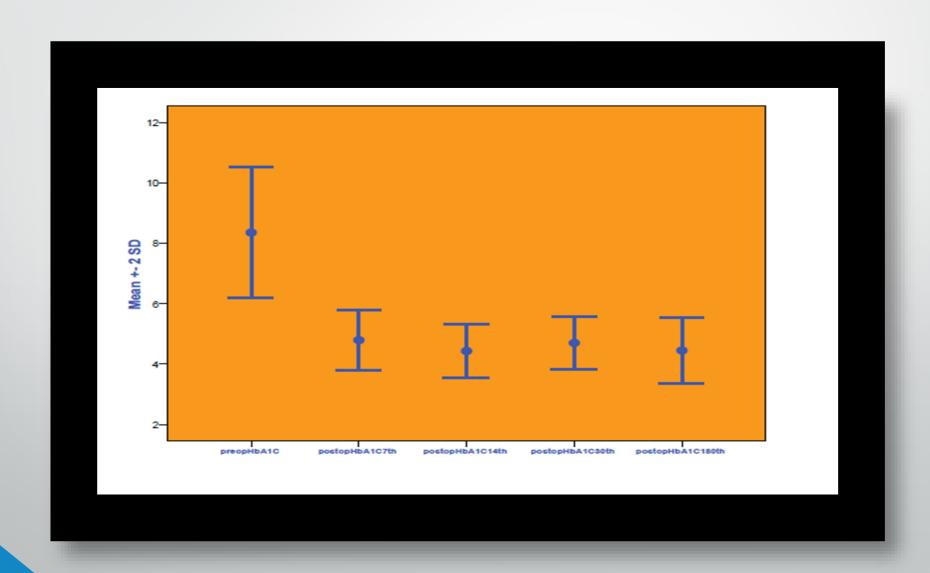
- Founded in 1987 by Prof S.A. MalekHosseini
- Outstanding efforts in establishing transplant activity in Iran
- 1<sup>st</sup> kidney Tx: 1974,
- 1<sup>st</sup> liver Tx: 1992,
- 1<sup>st</sup> successful heart Tx: 1992,
- 1<sup>st</sup> LDLT: 1997,
- 1<sup>st</sup> ex situ liver splitting: 2004,
- 1<sup>st</sup> pancreas Tx: 2006,
- 1<sup>st</sup> in situ liver splitting: 2007,

- Dr Sanadizade
- Dr MalekHosseini
- Dr Sandjarian
- Dr MalekHosseini
- Dr MalekHosseini
- Dr Nikeghbalian
- Dr Nikeghbalian

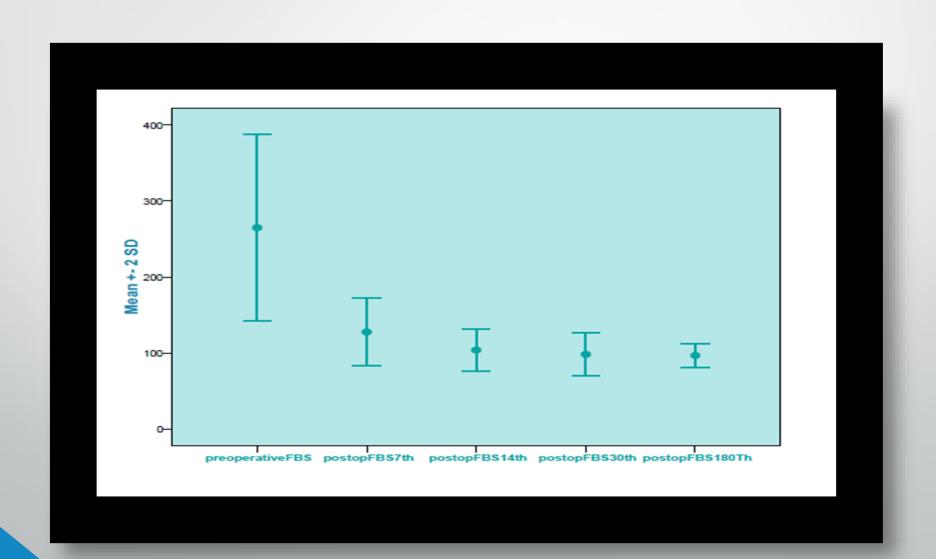
**Sex Ratio** 



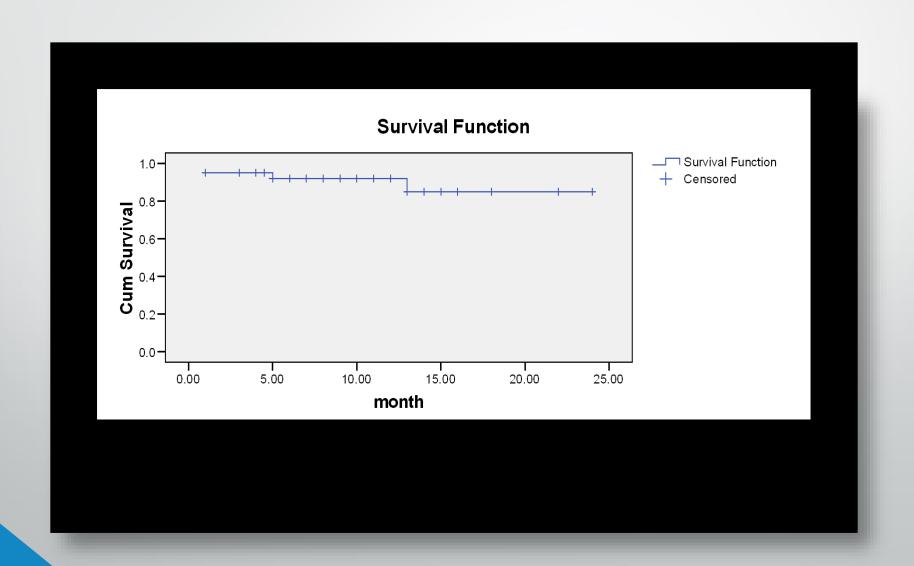
#### HbA<sub>1</sub>C after PTx



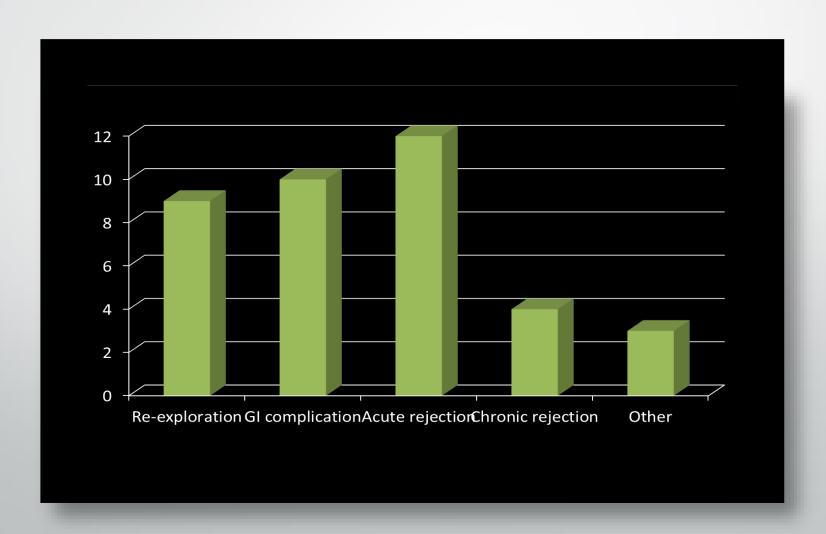
## Achieving euglycemia after PTx

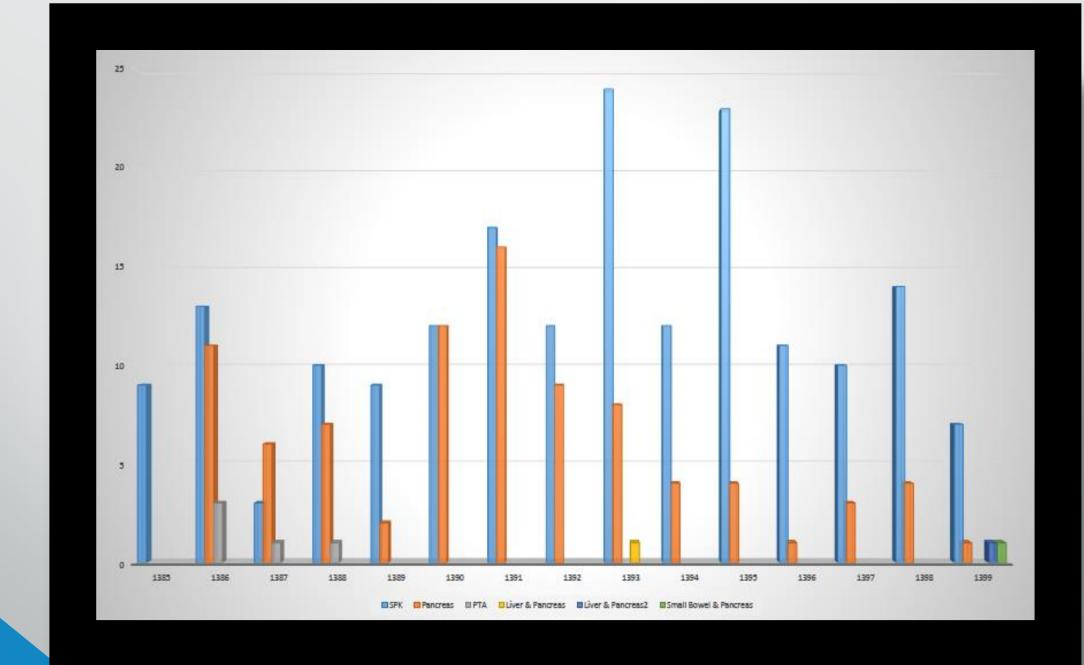


## 84.9% / 2 years Graft Survival



# Complications





# **THANKS**