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Pancreas transplantation in type-2 diabetes mellitus: What is new?

Diabetes Mellitus (DM) is a devastating disease. After 20 years, nearly 50% of patients with DM will be blind, have End-Stage Renal Disease (ESRD) and/or have a major sensory/motor neuropathy. Compared to the general population, patients with DM have 25 times the rate of blindness, 17 times the rates of renal failure, 5 times the rate of amputation and 2 times the rate of heart disease. More than 350 patients suffer from DM globally. Despite tremendous improvements in the medical management of DM, currently, pancreas transplant is the only option that offers euglycemic state and halting or reversal of secondary DM complications. The classification of type-1 vs. type-2 DM on many occasions can be erroneous. Type-1 DM can be C-peptide positive, have variable age of onset (LADA) and can be accompanied by insulin resistance. In contrary, type-2 DM can be C-peptide negative and can occur at young age. In most of the obese patients, the beta cell volume is higher than lean individuals. Furthermore, in type-2 DM, the volume of beta cells is decreased. There are increased incidents of lean type-2 DM with low insulin/C-peptide secretion (Asian diabetes). There is increasing evidence that type-2 DM develops with a genetic disposition to beta-cells failure in a setting of insulin resistance. Data from the International Pancreas Transplant Registry shows that the patient and graft survivals have improved significantly in the last decade. Also, it shows that there is no difference in pancreas transplant outcomes in type-2 vs. type-1 DM. This new finding questions the common belief that type-2 DM is insulin resistant. In summary, pancreas transplantation provides an insulin-free state for type-1 and type-2 DM patients equally. Pancreas transplantation should be offered to type-1 and under certain criteria to type-2 DM patients.

Biography

Mark Laftavi is a specialized transplant surgeon in Syracuse, New York and is affiliated with multiple hospitals in the area, including Erie County Medical Center and Upstate University Hospital. He received his medical degree from Shahid Beheshti University of Medical Sciences and has been in practice for more than 20 years. After several years of expertise, he is now appointed as the Interim Chief of Division of Transplantation, State University of New York, Upstate. His open and contextual evaluation model based on transplantation creates new pathways for improving healthcare. He has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions. SUNY Upstate Medical University in Syracuse, NY, is the only academic medical center in Central New York with the region's largest employment. As a biomedical research enterprise, Upstate focuses on the most prevalent human diseases, including cancer, diabetes, heart disease, nervous system disorders, vision, and infectious diseases. The quest for treatments and cures is built upon expertise in structural, molecular and systems biology.

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