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Total Pancreatectomy With Islet Autotransplantation In Diabetic And Prediabetic Patients With Intractable Chronic Pancreatitis

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Abstract:

Introduction: Total pancreatectomy with islet autotransplantation (TPIAT) is an effective treatment option for non-diabetic patients with intractable chronic pancreatitis. The outcome and potential benefits for prediabetic and diabetic patients are less well established.

Method: Thirty-four patients underwent TPIAT were retrospectively divided into 3 groups according to pre-operative glycemic control: Diabetes Mellitus (DM) (n=5, 15%), Pre-DM (n=11, 32%) and Non-DM (n=18, 54%).

Results: Preoperative fasting c-peptide was detectable and similar in all 3 groups. Islet mass in the DM group was comparable to Pre-DM and Non-DM groups: (median 191,800), 111,800 and 232,000, respectively). Patients received islet mass of over the target level of 2,000 IEQ/kg in Pre-DM and DM at lower but clinically meaningful rates compared to the Non-DM group 45% (5/11) and 60% (3/5) for a combined 50% (8/16) rate, respectively, compared to 83% (15/18) for the non-DM group. At 1 year, fasting c-peptide and HbA1c did not differ between DM and Pre-DM groups but c-peptide was significantly higher in Non-DM. Islet transplantation failed (negative c-peptide) only in one patient. Preoperatively, all patients experienced pancreatic pain with daily opioid dependence in 60-70%. Pancreatic-type pain gradually subsided completely in all groups with no differences in other painful somatic symptoms.

Conclusions: Diabetic patients with measurable preoperative c-peptide can achieve similar benefit from TPIAT, with comparable outcomes to prediabetic and non-diabetic patients including pain relief. Not surprisingly, endocrine outcomes for diabetic and prediabetic patients are substantially worse than in those with normal preoperative glucose control.

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