

43 yo Female

- Age 12 Type I DM
- Age 30 End-stage renal failure on dialysis, 2007 - HTN
Recurrent urinary tract infections
Pulmonary TB s/p quadruple therapy, 2009
- Age 33 Kidney/pancreas transplant, 3/2010
 - Azathioprine, Tacrolimus
 - eGFR ~ 40 ml/min (normal >60), stable
 - Insulin independence and normoglycemia
 - Gluc 4.5 – 5.5 mmol/L, HbA1c < 42 mmol/mol

Post Kidney/Pancreas Transplant

- 2010/4 CMV
- 2011/5 Disseminated VZV
- 2011/8 HPV, perineal carcinoma in situ
- 2012/8 Chest sepsis
- 2019/4 Pregnancy via IVF, EDD 2020/2
 - Renal Transplant Clinic, monthly
 - Stable GFR & Gluc
- 2019/12 EM CS 30 wk, baby weight 1.16kg
 - Acute kidney injury, mild pericardial effusion
- 2020/5 HbA1c 46 (<42 mmol/mol), briefly
- 2020/10 Renal recommended to continue DR screening

Ophthalmic History

- 2010/12 Pre-PDR, VA 6/6, 6/6 Obs
- 2011/6 Pre-PDR, improved Obs
- 2011/12 NPDR, R2M0
- 2014/6 Early PDR, < 1/4DD Obs
- 2016/6 NPDR, R1M1
- 2018/1 NPDR, borderline R2M1
- :
- :
- 2021/2 High risk PDR, R3aM0 PRP

15/7/2009



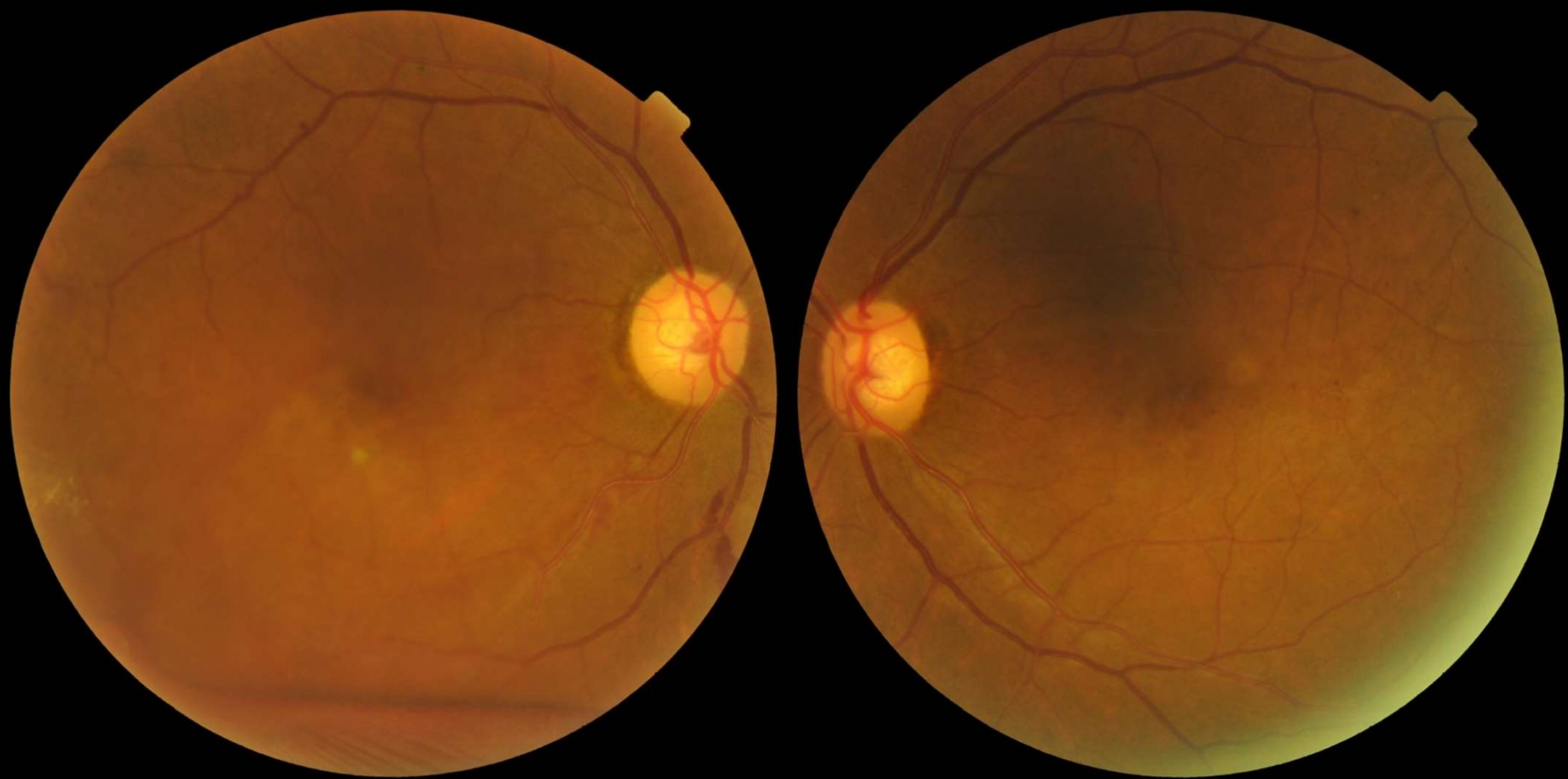
30/5/2014



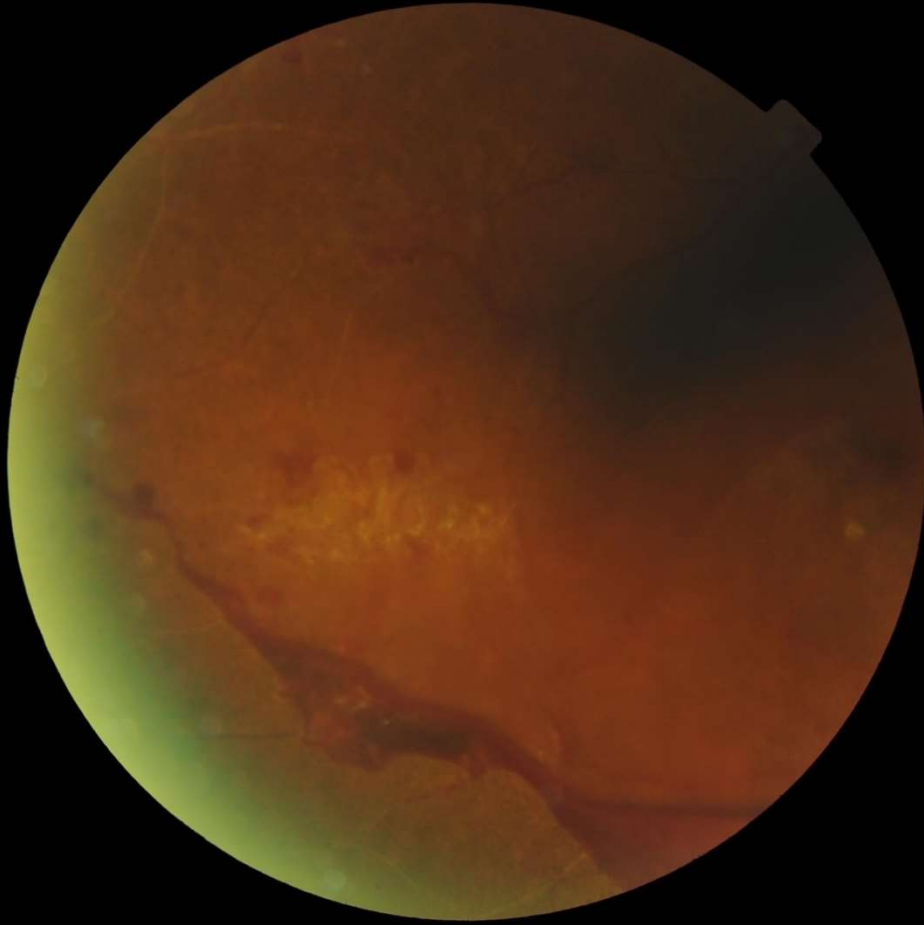
11/3/2016



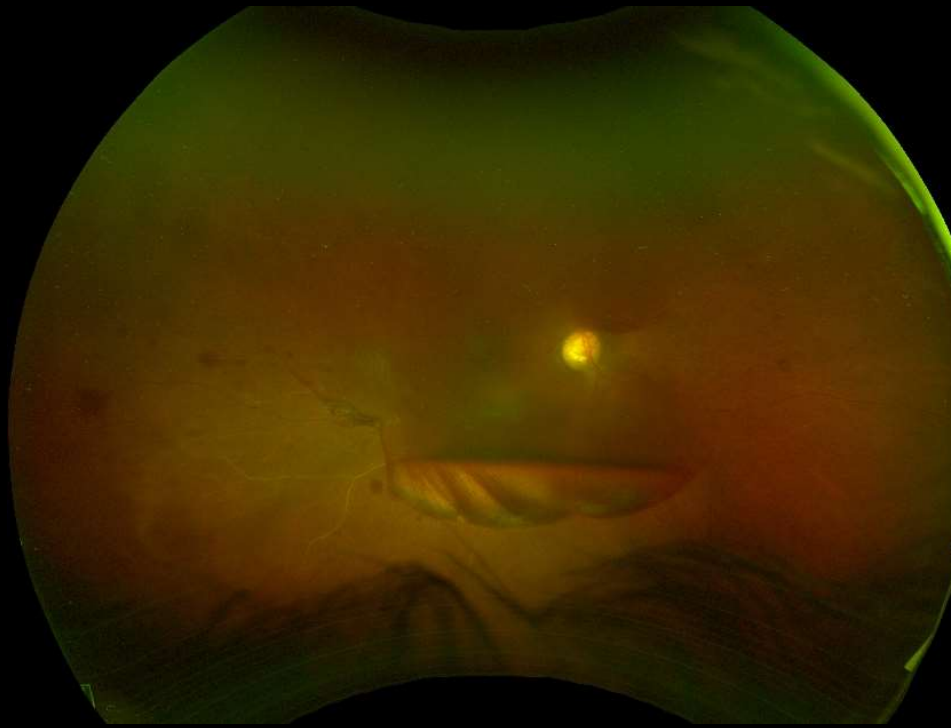
23/2/2021



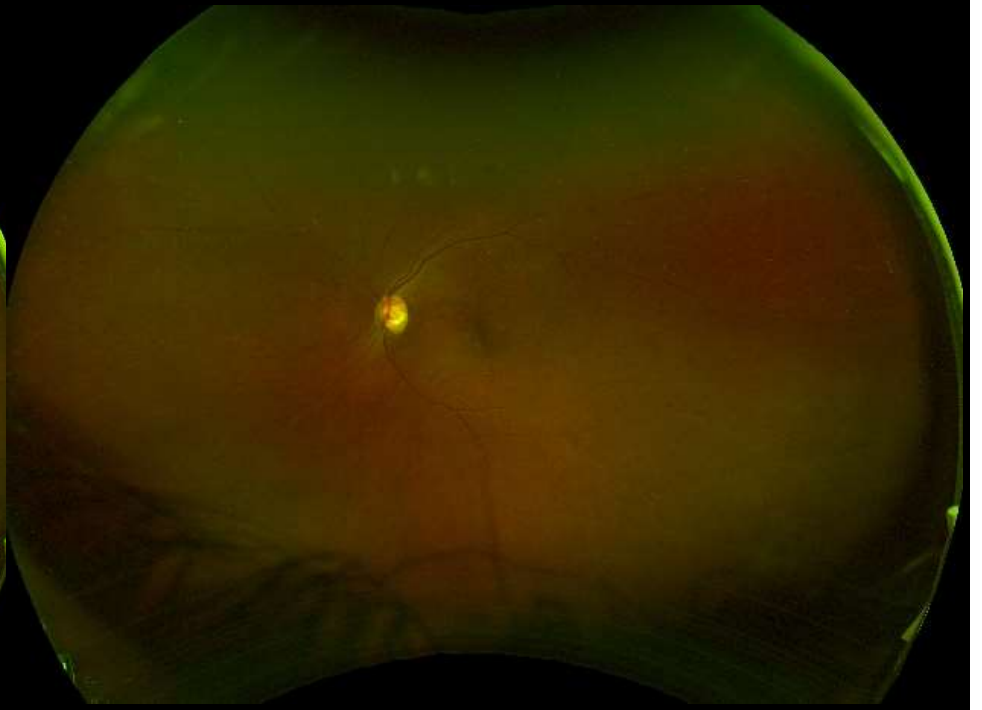
23/2/2021



24/3/2021

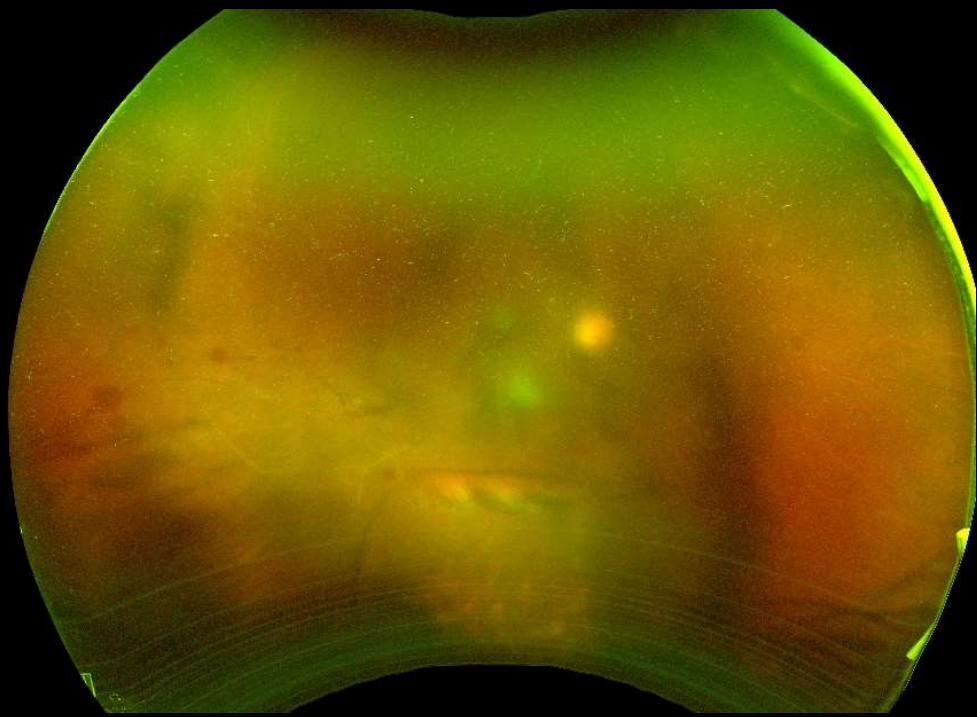


6/18



6/9

7/4/2021



Effects of Pancreas Transplantation on DR

- Insulin independence and normoglycemia
- Effects on DR debatable

- Marchetti P. et al. Transplant International. 2005, 18 (5), 619-622
 - 48 pts with successful kidney/pancreas transplant
 - Age 40 +/- 7 years
 - Male / female = 26 / 22
 - Follow-up 6-60 months

Table 1. Main metabolic parameters before and after transplantation (Tx).

	FPG (mg/dl)	HbA1c (%)	C-peptide
Before Tx	203 ± 76	8.7 ± 1.9	0.6 ± 0.1
Post Tx	84 ± 12*	5.0 ± 0.9*	3.9 ± 1.3*

FPG, fasting plasma glucose; * $P < 0.01$ versus pretransplant value.

Table 2. Evolution of diabetic retinopathy in transplanted and nontransplanted patients. Results are given as number of patient (percentage).

	Transplanted		Nontransplanted		
	NPDR	LT/PDR	NPDR	LT/PDR	
Improved	5 (10)	0 (0)	2 (5)	0 (0)	51%
Unchanged	3 (6)	35 (73)	4 (9)	16 (37)*	
Worsened	4 (8)	1 (2)	6 (14)	15 (35)*	

90%

51%

*P < 0.05 versus LT/PDR transplanted.

Discussion

- Etiology
 - Duration of transplant ?
 - Pregnancy ?
- Treatment
 - When to initiate treatment ?
 - Role of early PRP ?
- Take-home points
 - Successful PTx may not completely prevent progression of DR
 - Diabetic eye screening post PTx should continue