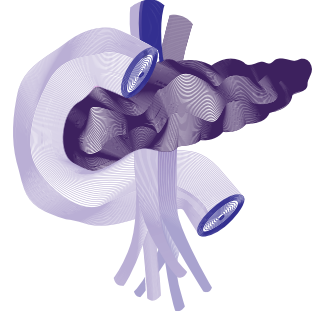


Bölüm 35

Pankreas Transplantasyonu



Ali Durubey ÇEVLIK¹

Giriş

İnsülin kullanımı ile diyabet tedavi edilen bir hastalık durumuna gelmiş olup teknolojik gelişmelerle tedavi değişime uğramıştır. Ancak retinopati, nöropati, nefropati ve kardiyovasküler hastalıklar gibi komplikasyonlar hastalarda halen ciddi klinik sorun oluşturmaktadır.

Son dönem böbrek yetmezliğinin en sık nedeni diyabettir (1). Böbrek nakli son dönem böbrek yetmezliği olan hastalarda tedavi amacıyla uygulanmaktadır. Ancak diyabetik hastalarda böbrek nakli sonrası metabolik bozukluklar devam etmektedir (1). Diyabetik hastalarda (Tip-1 ve seçilmiş Tip-2) glisemik kontrolün sağlanması, komplikasyonların azaltılması ve sağkalımın artırılması için pankreas transplantasyonu uygulanmaktadır. Nakil ile elde edilen fizyolojik kan şekeri dengesinin iyiliğine diğer tedavi yöntemleri ile ulaşılamamıştır (2). Pankreas nakli tip-1 diyabet hastalarında kan şekeri düzeyini koruyan ve HbA1C seviyesini normalleştiren tek tedavidir (3).

İlk pankreas nakli 1966 yılında WD Kelly tarafından yapılmıştır (2). Pankreas transplantasyonun uygulandığı ilk vakalarda yüksek komplikasyon ve ret oranları görülmüştür. Pankreas nakli son otuz yılda cerrahi teknik, bakım ve immünespresif tedavinin gelişmesiyle ilk nakillere göre ciddi iyileşme göstermiştir (4). Bu gelişmelerle seçilmiş diyabetik hastalarda yaşam kalitesi ve sağka-

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transplantasyonundan 10 yıl sonra dramatik olarak iyileştiği gösterilmiştir (56). Diyabetik retinopatinin evresine bağlı olarak retinopatinin iyileşmesine katkıda bulunabileceği gibi gelişmesini engelleyebilir. Ayrıca kardiyovasküler sistem, nefropati ve nöropati üzerinde de faydalı etkileri gösterilmiştir.

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