LIVER TRANSPLANT AND DIABETES MELLITUS
HOSPITAL NUESTRA SEÑORA DE CANDELARIA

BACKGROUND
Transplanted patients are at risk of developing post-transplant diabetes as a metabolic complication of immunosuppressive therapy, which results in greater therapeutic complexity.

AIM
To evaluate the percentage of liver transplant patients (TXH) with diabetes mellitus and the evolution of diabetes after 1 year of transplantation.

MATERIAL AND METHODS
Observational, descriptive and retrospective study that included liver transplant patients during the period from January 2013 to October 2018. The main variables included were: the presence or absence of diabetes in the pre-transplant period, immediate post-transplant period and one year after the transplant was performed; and the need for insulin use in each of the periods described. All those patients who were exitus before one year after liver transplantation were excluded from the study.

RESULTS

DISTRIBUTION DIABETICS BEFORE LIVER TRANSPLANT

- 69.80% (N=125)
- 30.20% (N=30)

DISTRIBUTION NO DIABETIC GROUP AFTER LIVER TRANSPLANT

- 57.60% (N=72)
- 42% (N=53)

DISTRIBUTION DIABETICS GROUP AFTER LIVER TRANSPLANT

- 56.60% (N=53)
- 43.40% (N=23)

DISTRIBUTION DIABETICS GROUP BEFORE LIVER TRANSPLANT

- 56.40% (N=29)
- 46.30% (N=25)

DISTRIBUTION NO DIABETIC GROUP AFTER LIVER TRANSPLANT

- 22% (N=3)
- 88% (N=22)

DISTRIBUTION DIABETICS GROUP AFTER A YEAR LIVER TRANSPLANT

- 84% (N=21)
- 16% (N=4)

CONCLUSION AND RELEVANCE
Liver transplanted patients have a high prevalence of diabetes requiring the administration of insulin, which adds greater complexity to the treatment.
Post-transplant diabetes is a metabolic complication that appears in the post-transplant period as a result of immunosuppressive treatment in both previously diabetic and non-diabetic patients. Non insulin-dependent diabetic patients are more likely to require insulin one year after transplant.