

# LIVER TRASPLANT AND DIABETES MELLITUS

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## 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.

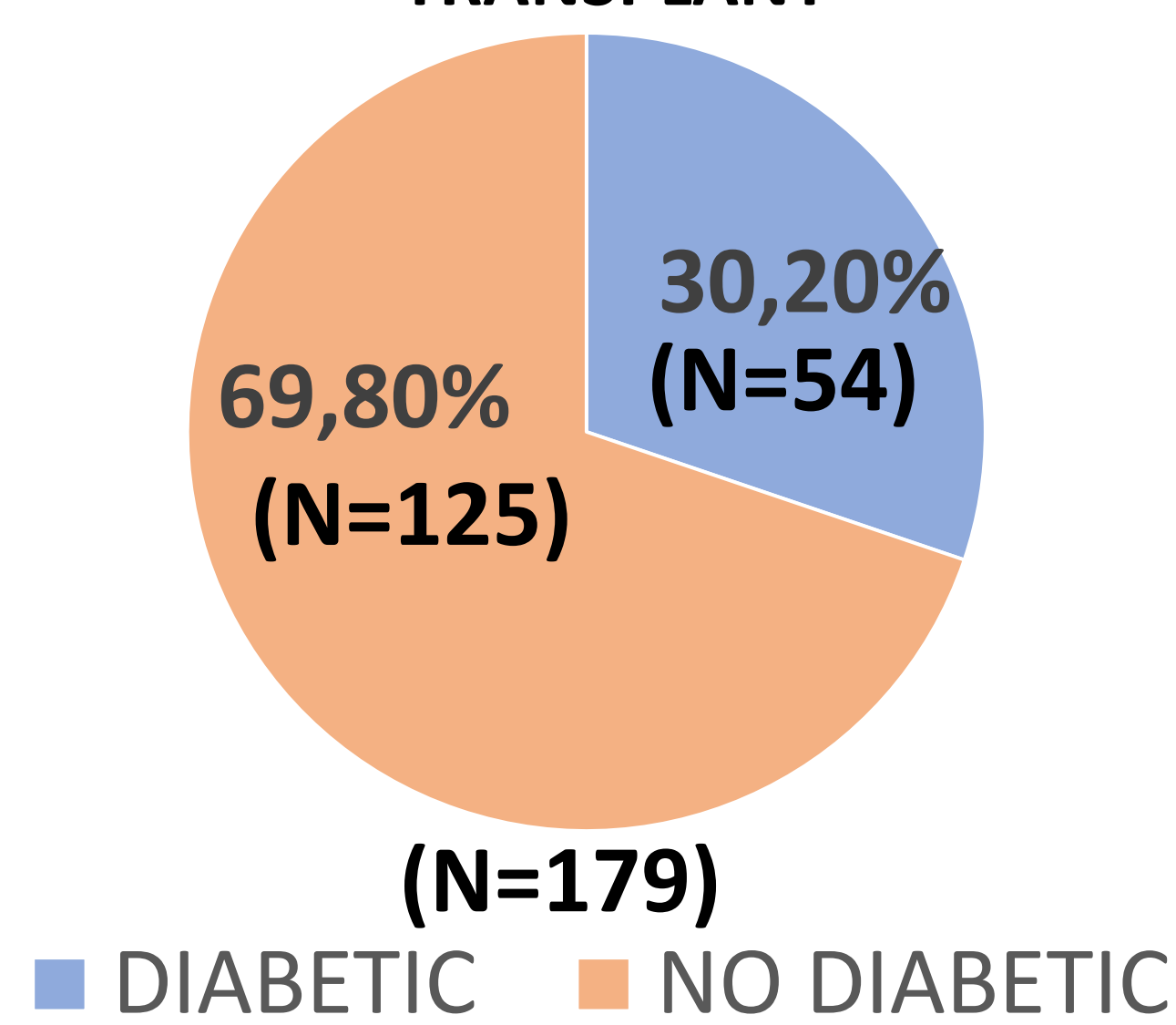
## MATERIAL AND METHODS

Observational, descriptive and retrospective study that included liver transplant patients during the period from January 2013 to October 2018.

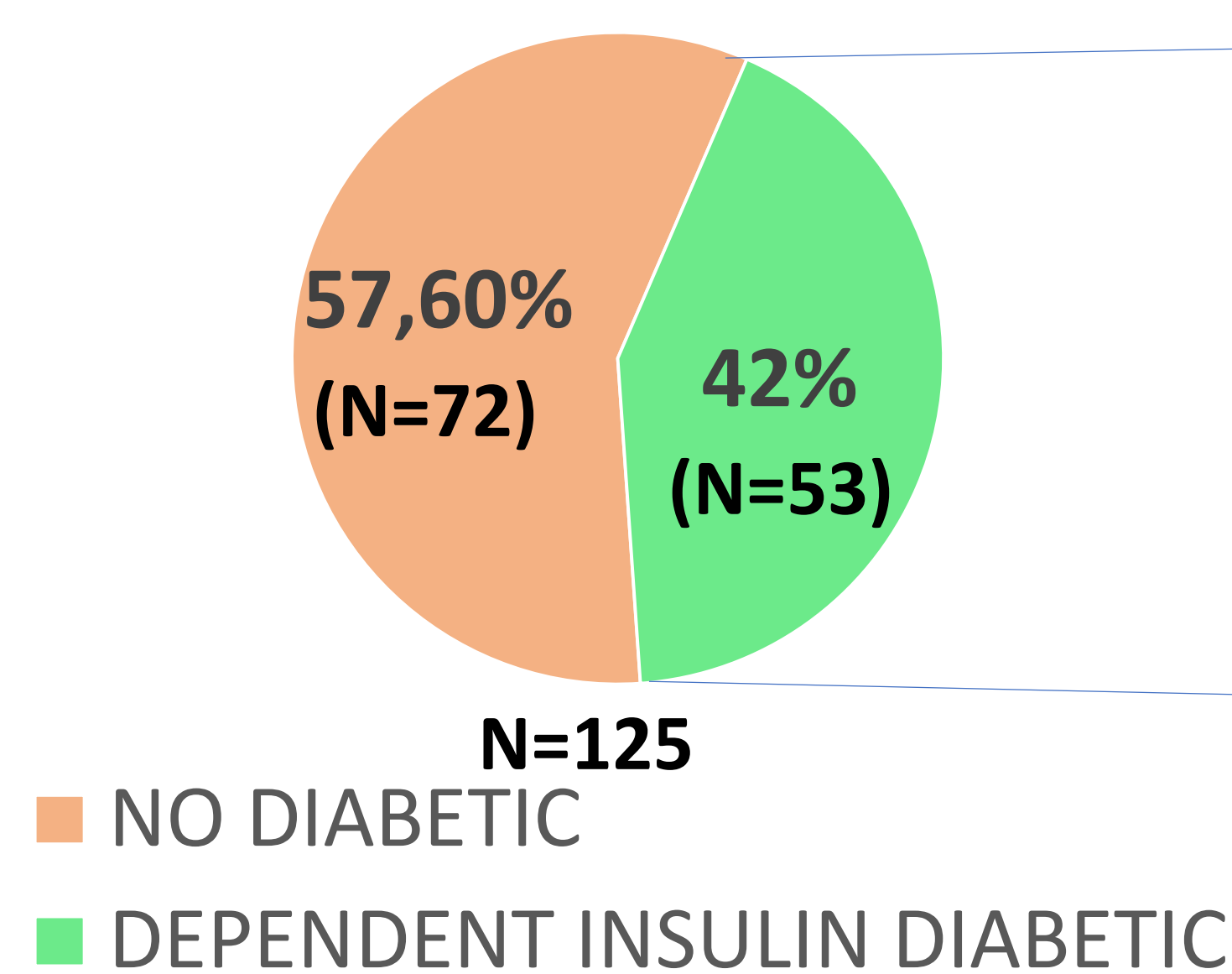
The main variables included were: the presence or absence of diabetes in the pre-transplant period, immediate post-transplant period and one year after the transplant was performed; and the need for insulin use in each of the periods described. All those patients who were exitus before one year after liver transplantation were excluded from the study.

## RESULTS

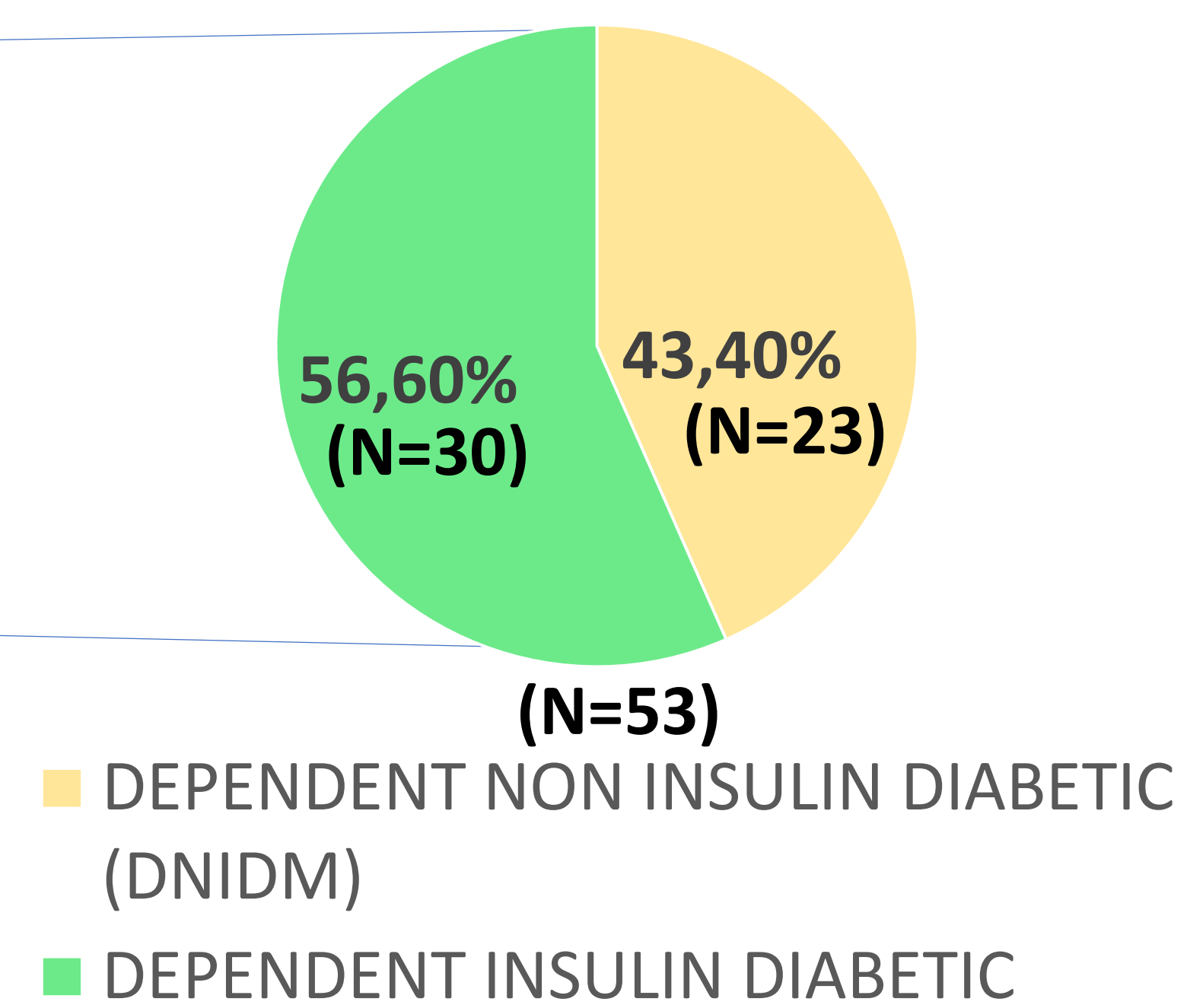
DISTRIBUTION DIABETICS BEFORE LIVER TRANSPLANT



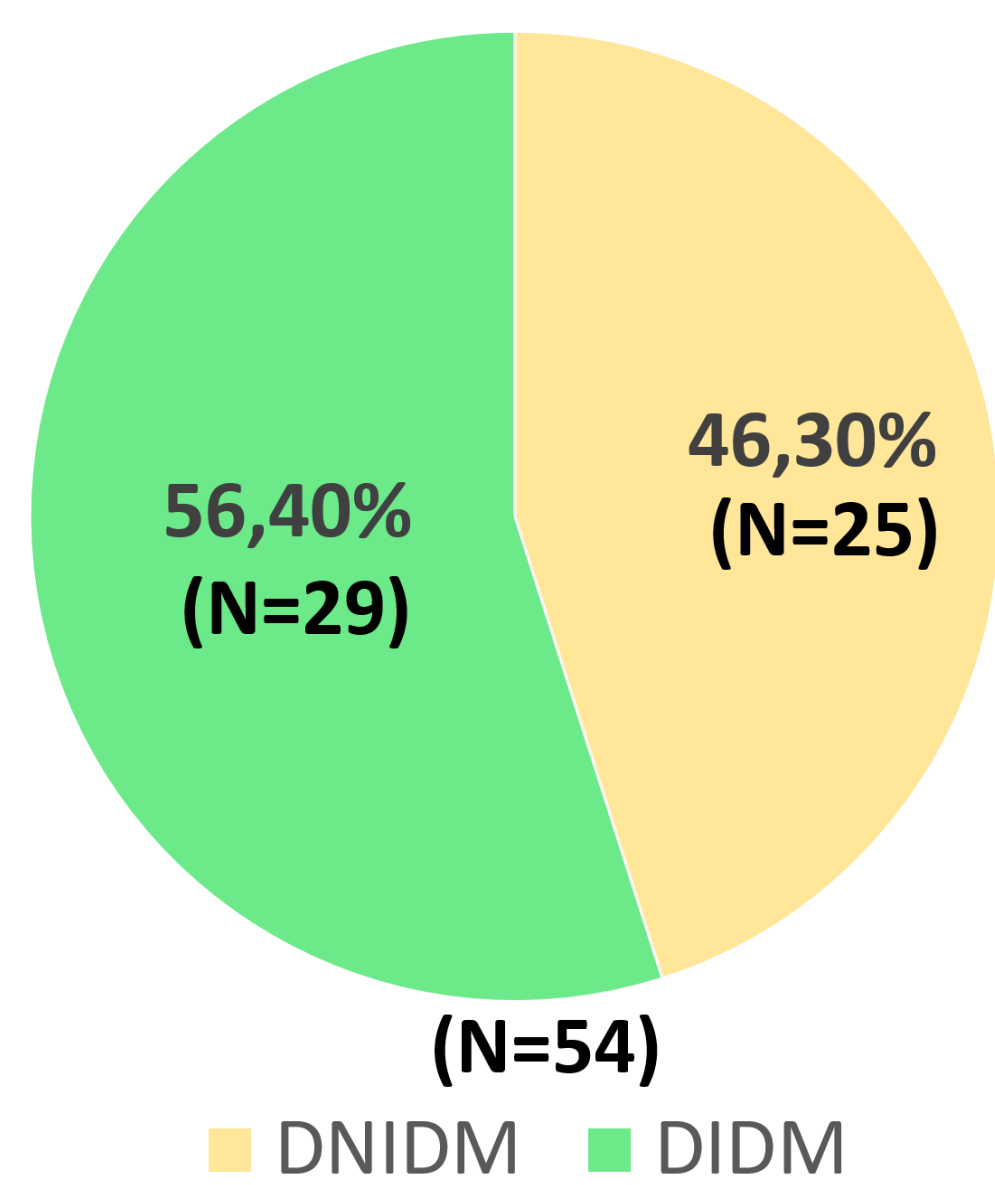
DISTRIBUTION NO DIABETIC GROUP AFTER LIVER TRANSPLANT



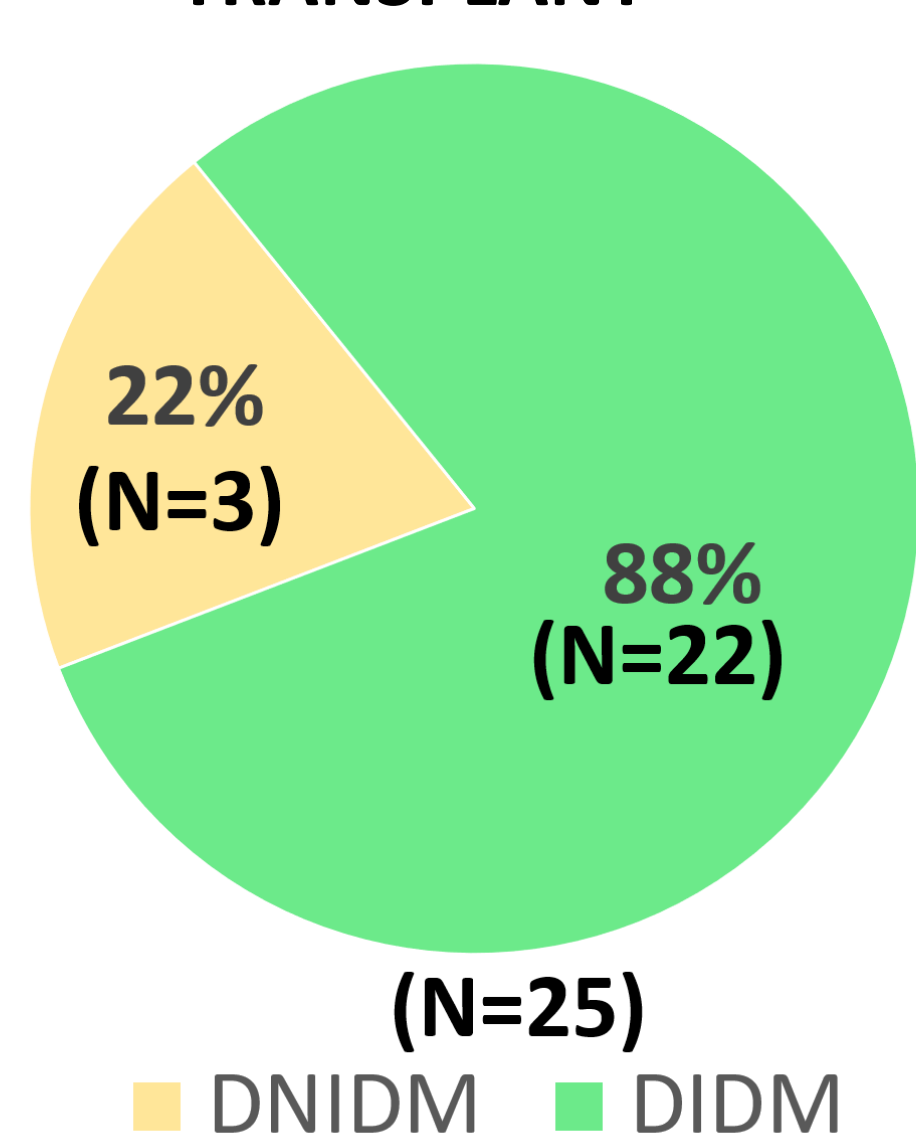
DISTRIBUTION AFTER A YEAR OF LIVER TRANSPLANT



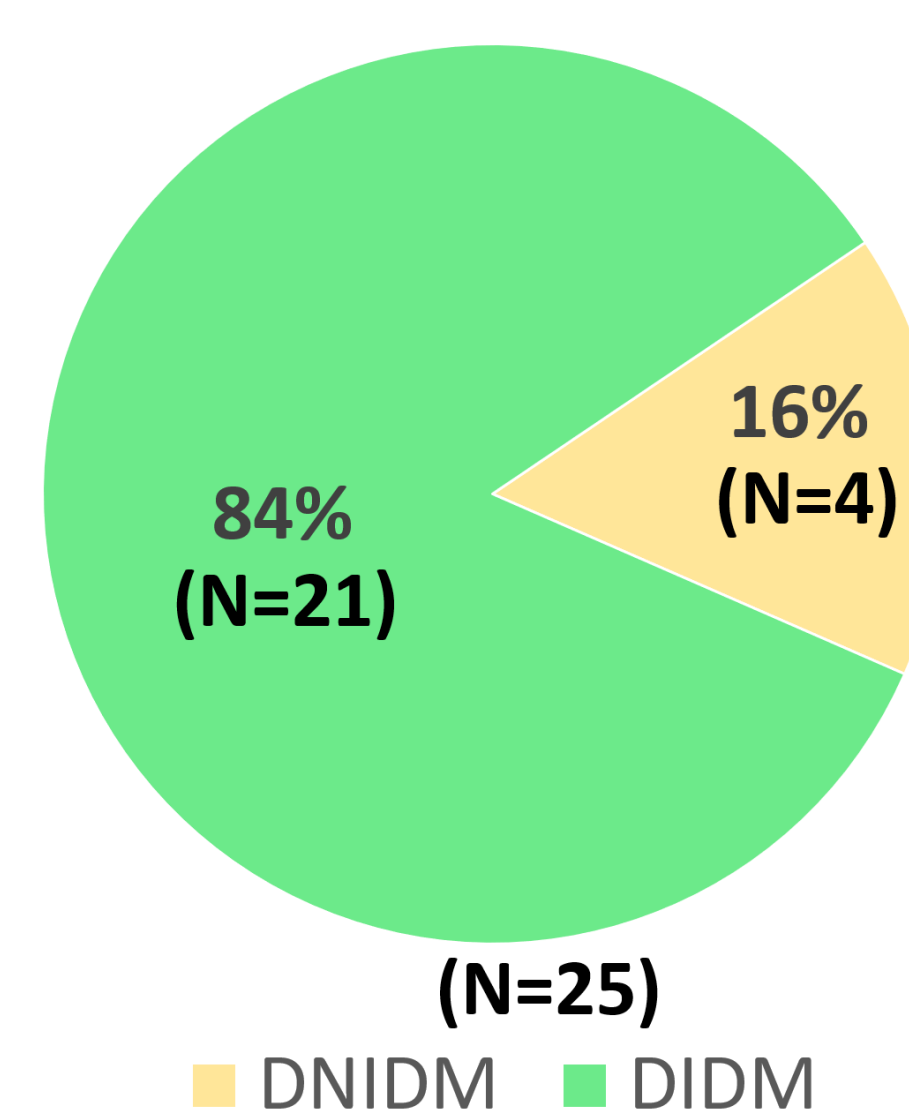
DISTRIBUTION DIABETICS GROUP BEFORE LIVER TRANSPLANT



DISTRIBUTION DIABETICS GROUP AFTER LIVER TRANSPLANT



DISTRIBUTION DIABETICS GROUP AFTER A YEAR LIVER TRANSPLANT



## 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.