

# Simultaneous pancreas and kidney transplantation (SPKT) in University Hospital “Mercur”

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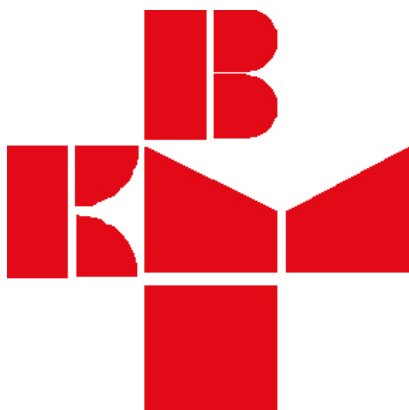
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## Editorial

Dear colleagues and friends,

It is a great pleasure and honor to invite you to the *3rd Central European Congress of Surgery* and the *5th Croatian Congress of Surgery* with international participation which will be held in *Dubrovnik* from *April 28th to May 1st 2010*. The Congress events will include the international *Norman Barrett Symposium 2010: "From reflux to carcinoma"*.

The main goal of these Congresses is the education of surgeons from all around the Europe. We have worked intensively and in close collaboration with all Central European scientific surgery committees and with our invited speakers, who are all leading experts in the field of surgery, to build up a very interesting program of highest quality, which will bring a lot of knowledge especially for young doctors training in surgery. The scientific program will include state-of-the-art lectures, oral presentations, posters, multimedia sessions and satellite symposia.

We strongly believe that the program will give the participants a comprehensive section of the present state of mentioned subjects by covering history taking, clinical examination, imaging, surgical techniques and postoperative rehabilitation.

Dubrovnik, one of the most beautiful cities in this part of Europe, is a dynamic and radiant city that features stunning architecture and a vibrant cultural life. You will have plenty of touring and shopping opportunities to take advantage of in the city. Take time to wander through the Dubrovnik's many historical landmarks and enjoy the grace of scenery. From Dubrovnik, you may travel and enjoy the rest of Croatia, which beholds extraordinarily beautiful nature not found in many, if any, other places in the world.

The Organizing Committee has chosen the Dubrovnik Palace hotel as the venue for the upcoming congress, as it is considered to be a top location for such a high-profile Meeting.

The Industry is also committed in their support of our meeting that will host a large exhibit area and many attractive opportunities to share their products and knowledge with the audience.

In addition to official program these Congresses offer excellent opportunities to meet some old and make some new friends.

We invite you to visit the website regularly for the latest updates and news about the organization of the Congress. On behalf of Organizing Committee I wish you a very warm welcome in Dubrovnik in 2010!

Sincerely



Prof. Božidar Župančić, M.D., Ph.D.  
Congress President

ative mortality 4.1% in I. group 5-year survival was in I. group 8.9%. According to stage of disease there was significant survival in stage I, II and III to compare to stage IV.

**Conclusions.** Radical resection is only therapeutic method improving the chance for longer survival of patient with pancreatic carcinoma.

## A048

### Simultaneous pancreas and kidney transplantation (SPKT) in University Hospital "Mercur"

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**Background.** Simultaneous pancreas and kidney transplantation (SPKT) is an acceptable method for patients with IDDM and chronic renal failure in which conservative treatment cannot achieve satisfactory results. Since 2003, we successfully performed 75 SPKT surgery, of whom 43 patients were male and 32 female.

**Methods.** In evaluation we used the rate of one-and five-year survival of patients, and one-year survival rate of pancreas and kidney graft. We also used biochemical parameters (amylase S/U, blood sugar, creatinine) to review the situation after the transplant.

**Results.** Since 2003, we successfully performed 75 SPKT surgery, of whom 43 patients were male and 32 female. One-year survival rate of patients after SPKT surgery is 87%, while the five-year survival rate is 81%. Rate of one-year pancreas graft survival was 75%, and rate of one-year kidney graft survival was 85%.

**Conclusions.** Simultaneous pancreas and kidney transplantation (SPKT) is an acceptable method for patients with IDDM and chronic renal failure in which conservative treatment cannot achieve satisfactory results. Successful transplantation of pancreas and kidney improves quality of life. Pancreas transplantation stops new or even improves some of existing complications of long lasting DM.

## A049

### Analysis of donor dependent early pancreatic graft loss risk factors in patients after simultaneous pancreas and kidney transplantation

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**Background.** Results of simultaneous pancreas and kidney transplantation (SPK) in dialysis patients with type I diabetes mellitus depend mainly on pancreatic graft related complications in early postoperative period. Among risk factors of early pancreatic graft loss donor dependent factors are considered to play the key role. The aim of the study was to analyze cadaveric donor dependent risk factors of early pancreatic graft loss in patients after SPK.

**Methods.** Five pancreatic grafts (12.5%) were lost in 40 patients subjected to SPK due to thrombosis or infection. Donor parameters included in Preprocurement Pancreas Allocation Suitability Score (P-PASS) were analyzed in patients who lost pancreatic graft (group 1) and without this complication (group 2).

**Results.** Donors age was significantly higher in group 1 compared to group 2 (30.4 years [range: 27–37] vs. 24.1 [16; 40]). Groups did not differ as regards BMI, Stay at ICU, serum sodium and amylase. The percentages of donors that required catecholamines and with cardiac arrest before harvesting were identical. Donors of organs for patients in group 1 scored significantly more points in P-PASS compared to group 2 (18 [14; 19] vs. 15 [11; 18], respectively).

**Conclusions.** Older donor's age remains important risk factor of early pancreatic graft loss in patients after SPK. P-PASS is a useful tool in identifying optimal pancreatic graft cadaveric donor.

## A050

### Survival rates for pancreatic cancer patients after pancreatic resection and new possibilities for survival improvement

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**Background.** The goal of the present study is to determine complications associated with pancreatic resection and to describe their influence on the survival rate for pancreatic cancer patients. The present study deals with new possibilities for identifying early-stage pancreatic cancer patients.

**Methods.** Between 1996 and 2009, the findings about 125 pancreatic cancer patients were analyzed in a prospective trial at the First Department of Surgery, University Hospital in Košice, Slovakia.

**Results.** The overall mortality rate and morbidity rate during our research were 3.2% (4 patients) and 27% (34 patients), respectively. In patients with complications, the median survival time was 12 months, in patients without complications – 18 months. Since 2007, we have started a trial, in which histopathological and immunohistochemical examinations of lymph nodes were performed. Out of the 119 negative lymph nodes detected by histopathological examination (19 patients), 37 positive lymph nodes were detected by immunohistochemical examination (6 patients).

**Conclusions.** The presence of postoperative complications after pancreatic resections has negative influence on the survival rate for pancreatic cancer patients. Immunohistochemical examination of histopathologically negative lymph nodes can detect positive lymph nodes and early-stage pancreatic cancer patients can be identified.