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Metabolic and cardiovascular benefits of pancreas transplantation

Diabetes mellitus is one of the most prevalent and morbid chronic diseases and not only affecting the health of millions of persons worldwide but also cause a huge global burden of disease. Unfortunately, the global prevalence of diabetes has increased substantially at the rate of more than 3% per year. These diseases significantly influence the patient' survival, quality of life and development of organ system degeneration. Epidemiological studies have shown increased mortality in diabetic patients, with cardiovascular mortality being on the top with about 30-fold increase when compared to the normal population. One of the key features of cardiovascular disease in these patients is cardiovascular autonomic neuropathy. This condition may be present in up to 60% of patients after 15 years and is an independent risk factor for cardiovascular mortality and increased blood pressure. Also lacking good glycemic control will cause micro vascular complication by direct oxidative stress an injury, which decrease the viability of the vessel wall cells and is major factor in developing hypertension. A successful pancreas transplantation combined with a kidney graft has been found to prevent diabetic kidney lesions and improved long-term patient survival with significant reduction in cardiovascular mortality. Also, a successful single pancreas transplant, which is generally performed in patients with near-normal kidney function, has shown to improve left ventricular function and delay the development of retinopathy and neuropathy. Pancreas transplantation can improve cardiovascular risk profiles, improve cardiac function and decrease cardiovascular events. These results are not only decreasing the morbidity and mortality of the pancreas recipient but also drastically improving their quality of life. Without any doubt; restoration of the lost beta cell mass by pancreas transplantation is the treatment of choice for type-1 diabetic patients in most cases. Successful pancreas transplantation normalizes the metabolic alterations of diabetes and can slow the progression, stabilize and even favor the regression of secondary complications of the disease, including those at the cardiovascular level.

Biography

Tabriziani has earned his MD with honors from Iran University of Medical Sciences (IUMS). He finished his Internal Medicine residency at St. Barnabas Hospital, Weill Cornell Medical College in New York. With passion for education and Transplantation, he accepted the fellowship in Nehrology and Hypertension at Georgetown University in Washington, DC and continued his education at University of California San Francisco (UCSF) with a Transplant Nephrology fellowship. He was appointed at the Medical director of Pancreas Transplantation at Westchester Medical Center, New York Medical college before moving to Loma Linda University in California to serve as an Assistant Professor of Medicine in Nephrology / Transplant division. He is an active member of American Society of Nephrology and American society of Transplantation. His interests are in Hypertension and Oxidative Stress in patients with chronic kidney disease and transplantation.