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

Aim and objectives To evaluate the percentage of liver transplant patients with diabetes mellitus and the evolution of diabetes after 1 year of transplantation.

Material and methods An observational, descriptive, retrospective study was conducted in liver transplant patients during the period 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 1 year after the transplant was performed; and the need for insulin use in each of these periods. All patients who died before 1 year after liver transplantation were excluded from the study.

Results During the study period, a total of 179 patients were included, 73.2% were men. Mean age of the patients was 54.8±9.6 years.

Of the 179 patients, 69.8% (n=125) were not diabetic before transplantation, 42.4% developed post-transplant diabetes (n=53) and all were insulin dependent. One year after the transplant, 43.4% (n=23) did not need to continue using insulin. Of the 30.2% (n=54) of patients who were diabetic prior to transplantation, 46.3% (n=25) were not insulin dependent. In 88% of these patients (n=22), post-transplant insulin therapy was necessary and 84% of patients (n=21) continued on insulin therapy 1 year after transplantation.

Conclusion and relevance Liver transplanted patients had a high prevalence of diabetes requiring 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 1 year after transplant.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-130 ONE IN A MILLION: A TNF RECEPTOR-1 ASSOCIATED SYNDROME RESISTANT TO ANTI-TNF-ALPHA THERAPY

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Background and importance Tumour necrosis factor receptor associated periodic syndrome (TRAPS) is a rare disorder with a prevalence of approximately 1 per million. The goal of therapy is prevention of recurrent symptoms and normalisation of inflammatory markers. These patients also have an increased risk of developing amyloidosis. Clinical experience and extrapolation from other autoinflammatory disorders suggest that early institution of biologics can lowers this risk. Historically, antitumour necrosis factor (TNF) therapy (etanercept) was used for patients with frequent and/or severe recurrences and for those with TNF receptor-1 (TNFR1) gene mutations associated with a high risk of amyloidosis.

Aim and objectives To improve evidence about TRAPS refractory to anti-TNFs and its management.