



MEETING ABSTRACTS

ASTS State of the Art Winter Symposium

Exploring the surgical aspects of transplantation

ASTS.org/winter-symposium

[Home](#)

[Meetings Archive](#)

[Keyword Index](#)

[Resources](#)

[Advanced Search](#)

Search this website

Search

Early Infectious Complications Post Total Pancreatectomy with Islet Autotransplantation

J. Gołębiowska,¹ P. Bachul,² L. Basto,² M. Kijek,² N. Fillman,² K. Cieply,² K. Golab,² L. Wang,² M. Tibudan,² C. Thomas,³ A. Dębska-Ślizień,¹ J. Fung,² P. Witkowski.²

¹Nephrology, Transplantology and Internal Medicine, Medical University of Gdańsk, Gdańsk, Poland

²Surgery, University of Chicago, Chicago

³Medicine, University of Chicago, Chicago.

Meeting: 2018 American Transplant Congress

Abstract number: A362

Keywords: Infection, Islets

Session Information

Date: Saturday, June 2, 2018

Session Time: 5:30pm-7:30pm

Session Name: Poster Session A: Pancreas and Islet: All Topics

└ Presentation Time: 5:30pm-7:30pm

Location: Hall 4EF

Related Abstracts

Total Pancreatectomy with Islet Autotransplantation for Chronic Pancreatitis:

Introduction: We decided to assess infectious complications in patients after total pancreatectomy with islet autotransplantation (TPIAT) and check whether positive microbiological results of the islet preparation have any effect on the risk of developing infection in our center.

Considerations for Early Intervention.

Total Pancreatectomy and Islet Autotransplantation into the Liver of a Patient with Previous Hepatitis C Infection.

Methods: We analyzed preservation fluid and islet cultures with reference to clinical data of patients submitted to TPIAT. All patients received broad-spectrum antibiotic prophylaxis during the surgery.

Results: We studied data from 14 women and 9 men after TPIAT, with mean age of 36 ± 14 years. Most common IC were wound infections (22%), followed by PICC line associated bacteremia/fungemia (13%) and catheter associated urinary tract infections (CAUTI) (9%). Seven preservation fluids (30%) and 8 islet preparations (35%) showed positive microbial growth with due to intestinal flora and common polymicrobial contaminations (10 of 15 [66.6%]). Five patients (22%) had both positive preservative fluid and islet cell culture from the final islet preparation solution. Of those, 3 individuals developed: 1) fever without a clear source, 2) pneumonia and 3) sepsis, with bowel perforation, wound infection and dehiscence. One of two patients with positive preservation fluid culture alone developed wound infection. Two out of 3 patients with positive islets culture alone had IC, one developed fever of unknown source and later wound infection, while another one CAUTI. Pathogens isolated from patient during postoperative infection were always discordant with pathogens isolated from the pancreas preservation fluid or islet product culture. In 17 patients with sterile both preservation fluid and final islet product 3 had a PICC line related bacteremia and 2 wound infection.

Conclusions: IC are a common problem in TPIAT patients especially those with pancreatic duct colonized due to obstruction and/or chronic stenting leading to positive fluid/islet cultures. Since those pathogens and those causing infection were discordant such colonization might be a surrogate marker for higher susceptibility to infection overall due to chronic infection, more advanced pancreas disease, malnutrition.

CITATION INFORMATION: Gołębiewska J., Bachul P., Basto L., Kijek M., Fillman N., Ciepły K., Golab K., Wang L., Tibudan M., Thomas C., Dębska-Ślizień A., Fung J., Witkowski P. Early Infectious Complications Post Total Pancreatectomy with Islet Autotransplantation *Am J Transplant*. 2017;17 (suppl 3).



To cite this abstract in AMA style:

Gołębiewska J, Bachul P, Basto L, Kijek M, Fillman N, Ciepły K, Golab K, Wang L, Tibudan M, Thomas C, Dębska-Ślizień A, Fung J, Witkowski P. Early Infectious Complications Post Total Pancreatectomy with Islet Autotransplantation [abstract].