

Gastrointestinal and Liver Pathology at Rush

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Case of the Month Question – February 2008

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A 42-year-old man with type 1 diabetes mellitus and end-stage renal disease underwent kidney-pancreas transplant in March 1998. He had excellent graft function with well controlled blood glucose until 8 years later when he developed gradual decline in pancreatic function with hyperglycemia. He presented 9 years later with pancreatic graft failure. Despite a change in his immunosuppression regimen, his graft failure persisted and a decision to re-transplant was made. Microscopically, the architecture of the pancreas was preserved with a somewhat irregular distribution of the acini, variably sized islets and patent vessels (Figure 1). There was variable chronic inflammation throughout, ranging from moderate to severe and surrounding some of the ducts. It was primarily located throughout the stroma but some of the islet cell nests were also involved (Figure 2).

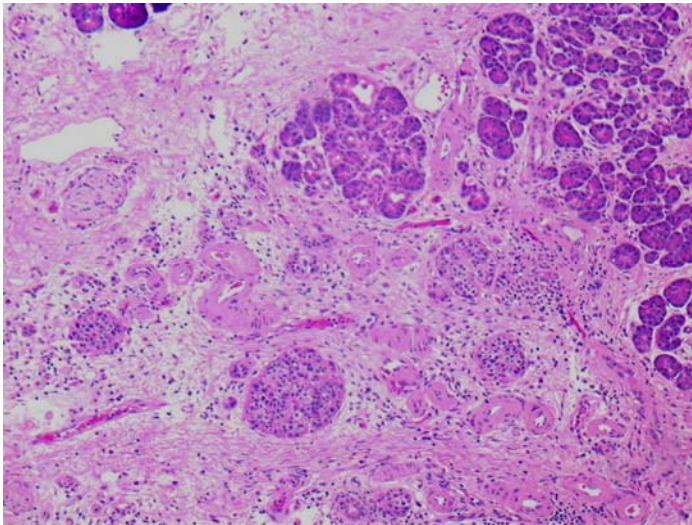


Figure 1. Micrograph showing preserved pancreatic architecture with a somewhat irregular distribution of the acini, variably sized islets and patent vessels (hematoxylin and eosin stain, 40x magnification).

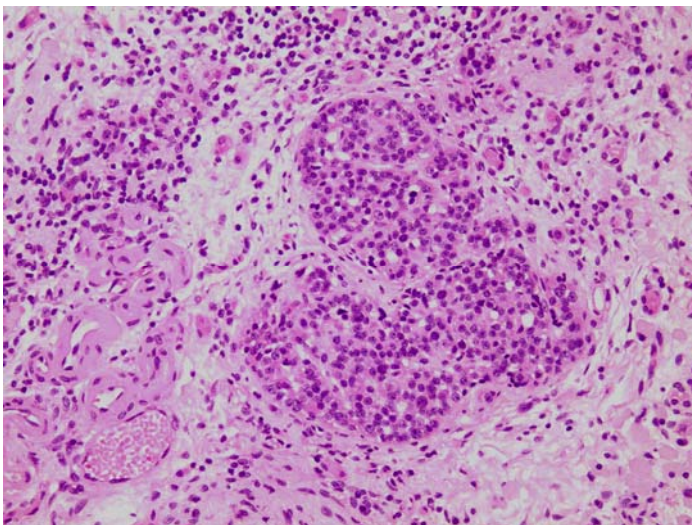


Figure 2. Micrograph of an islet cell nest with lymphoid infiltrate and surrounding chronic inflammation in the stroma. (hematoxylin and eosin stain, 200x magnification).