Letter to the Editor

Received: July 2, 1985

Accepted: August 12, 1985

Am. J. Nephrol. 1986;6:158

Diabetes mellitus in Renal Transplant Recipients

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I was very interested in the article by Friedman et al. [1]. The authors found that diabetes occurred in 15.7% of nondiabetic recipients, and that it was significantly more common in black than in white patients. These results are similar to those reported by us in 1982 [2]. In our series, posttransplant diabetes occurred in 9.8% of patients, and was 3 times more common ($p < 0.01$) in blacks (17.3%) than in whites (5.5%). Our posttransplant diabetic patients were slightly older (42 ± 12 years), and the mean duration of onset from transplantation was longer (9 ± 5 months) than those reported by Friedman et al. [1]. We also found no association between the total dose of steroids, HLA type, and the onset of diabetes. In contrast to Friedman et al., most of our patients have required insulin therapy, but no patient has developed ketoacidosis. We could not demonstrate a difference in patient survival rates or infectious complications between posttransplant diabetic and nondiabetic patients after renal transplantation. However, our series was smaller and may have made differences less apparent.

Our clinical impression is that black transplant recipients are at greater risk of developing posttransplant diabetes than whites, and that once established, its clinical course is similar to that of type II diabetes mellitus. This is a very interesting observation in view of the greater prevalence of end-stage renal disease in black when compared to white type II diabetic patients [3]. The association between race, diabetes and renal disease appears to be very complex and requires further study for better elucidation of its natural history and possible pathogenetic mechanisms.

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