

Comment on: Risk Factors and Outcomes of the Post-Liver Transplantation Diabetes Mellitus

LETTER TO THE EDITOR
Endocrinol Res Pract. 2023;27(1):40

Dear Editor,

We read the interesting article of Ünsal et al¹ who presented the risk factors and outcomes of diabetes mellitus (DM) developed after liver transplantation (LTx). They analyzed 61 patients with pre-transplantation DM, 20 patients with post-liver transplantation DM, and 146 patients for whom DM was not diagnosed. The authors concluded that the patients with advanced age, male gender, and higher pre-transplantation fasting blood glucose (FBG) did possess a higher risk for the development of DM after LTx, although the *P* value for pre-transplantation FBG was insignificant (*P* = .097). In our previous study including a specific population of patients who underwent LTx due to acute liver failure, we showed that pre-transplant hyperglycemia increased 4 times the risk of post-transplantation DM.² We could measure only random blood glucose in the acute clinical situation of the patients with acute liver failure, and we defined pre-transplant hyperglycemia by random blood glucose in our study.² However, the authors included the patients with acute liver failure or chronic liver failure and presented pre-transplantation FBG and HbA1c levels of all patients included in this study.¹ Therefore, we think that the capability of measurement of pre-transplant HbA1c and FBG levels in such an acute situation of acute liver failure makes this study very strong. It would be beneficial if the exact numbers of patients with acute liver failure were stated.

Authors stated that “cases with a follow-up period >8 months after liver transplantation were included.”¹ But, neither the timing of the diagnosis of post-transplant DM was not clearly stated nor was the uniformity of the timing of the diagnosis in all patients. This may confuse the readers. As we revealed in our previous study, it was known that the frequency of acute hyperglycemia might be very high in the first few weeks after LTx.² Therefore, the diagnosis of post-transplant DM should be based on the blood glucose levels measured at least a few weeks later than the LTx when a patient became clinically stable.³ In some studies, post-transplant DM was categorized as early-onset (≤ 1 year after transplantation), late-onset (> 1 year), or transient (diagnosis was made in the 1st year after transplantation, but recovered to normal glucose tolerance status).⁴ Hence, it would be beneficial to present the temporary change in the frequency of post-transplantation DM in the follow-up of the patients.

Declaration of Interests: The authors declare that they have no competing interest.

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