



总的来说,胰肾联合移植是治疗 1 型糖尿病合并终末期肾病的理想方法,移植中心应该建立完备的评估标准和操作程序,从而提高胰肾联合移植近期和远期的存活率。本例对常规腹内多器官灌注、切取技术及胰腺血管重建方式进行了改进:改腹主动脉灌注和门静脉双重灌注为单腹主动脉灌注加腹内整体降温,有效减轻供体胰腺的水肿。为确保胰腺和十二指肠的完整血供,重建供体胰腺的胃十二指肠动脉,完整保留全胰血供,为胰腺功能的发挥及防治并发症的发生提供了有效的保证。这两大技术改进对解决各器官(特别是肝、胰)间共享血管的分配矛盾,防止在腹部器官切取过程中对胰腺的损伤,提高各器官的利用率,满足多器官联合移植的需要和防止胰腺移植外科并发症的发生都具有非常重要的临床意义。虽然,每一种胰肾联合移植术式都具有一定的缺陷,但在现阶段我们认为以胰腺外分泌肠道引流、内分泌体循环系统回流的术式(肠道-体循环回流术式)是比较成熟的术式<sup>[1,9]</sup>。

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