



MINERVA

Neuroarthropathy 11 years after pancreas transplantation

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A 55 year old man presented after two months with a hot, swollen left foot. Radiology confirmed an acute Charcot joint (). The patient had developed type 1 diabetes aged 15, and underwent simultaneous pancreas-kidney transplant aged 44, which enabled him to discontinue insulin. Poor glycaemic control before the transplant had caused dense peripheral neuropathy, but his glycaemic control was in the non-diabetic range after transplantation, and he had been discharged from the diabetes service.



Charcot joint, with destruction of the midfoot and proximal metatarsal bones

Simultaneous pancreas-kidney transplantation is an additional risk factor for developing Charcot arthropathy. Corticosteroids or calcineurin inhibitors, used as part of the immunosuppressive regimen, can have direct effects on bone metabolism, or a directly neurotoxic effect.^{1,2} People with a history of diabetes should remain under review in clinic, because the risk of clinical sequelae of peripheral neuropathy persists for many years after resolution of hyperglycaemia.

Patient consent obtained.

- 1 Garcia Barrado F, Kuypers DR, Matricali GA. Charcot neuroarthropathy after simultaneous pancreas-kidney transplantation: risk factors, prevalence, and outcome. *Clin Transplant* 2015;29:712-9. doi:10.1111/ctr.1257226033225
- 2 Bechstein WO. Neurotoxicity of calcineurin inhibitors: impact and clinical management. *Transpl Int* 2000;13:313-26. doi:10.1111/j.1432-2277.2000.tb01004.x11052266

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