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*****New pancreas transplant technique offers possibility for "juvenile-onset" diabetics.

DALLAS--Using a new pancreas transplant technique, Dr. Richard Dickerman completed a transplant early Sunday morning on a 27-year-old Arlington woman who has had diabetes since her early teens. Dickerman, assistant professor of surgery at The University of Texas Health Science Center at Dallas, is very optimistic with the already normal function of the pancreas in producing insulin.

The surgeon performed a kidney transplant for the patient about 15 months ago. Before the pancreas transplant her kidney function was good, but her diabetes was "frequently out of control."

This was Dickerman's first operation using a technique developed by Dr. David Sutherland at University of Minnesota.

Part of the pancreas was removed from a young man who died Saturday night of a self-inflicted gunshot wound to the head. The recipient's pancreas was left intact and the partial pancreas from the donor connected to the arteries and veins in the peritoneal cavity. The surgery lasted a little more than an hour.

Sutherland has done 11 transplants with this technique. He has had four "long-term" successes, one for more than one year, and only one death. Two of his donors have been living donors, related to the recipients.

The new surgical technique is less complicated than the one Dickerman used previously with two patients. This involved stitching the partial pancreas into the small intestine. The first patient to receive such a transplant, Dennis Hammer, died a few days after the surgery in October, 1977, due to complications of his diabetes. The second patient rejected the pancreas, which was removed. This patient is in about the same condition now as before the transplant.

Rejection of the "foreign tissue" is still a major problem. Treatment to suppress rejection includes azathioprine and prednisone. There is cross-matching of cells and tissue-matching such as that done in kidney transplants.

Dickerman emphasizes that the transplant techniques are designed only for persons who have "juvenile-onset" diabetes. These patients have great problems with blood vessels, particularly in the eyes and kidneys. (Adult-onset diabetes is less serious with fewer complications.)

Dickerman was assisted in the surgery by Dr. William Fry, chairman of the Department of Surgery, and Dr. Philip Raskin, associate professor of internal medicine.

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