## Thrombosis and Inflammation in Intraportal Islet Transplantation: A Review of Pathophysiology and Emerging Therapeutics

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## Abstract

With the inception of the Edmonton Protocol, intraportal islet transplantation (IPIT) has re-emerged as a promising cell-based therapy for type 1 diabetes. However, current clinical islet transplantation remains limited, in part, by the need to transplant islets from 2–4 donor organs, often through several separate infusions, to reverse diabetes in a single patient. Results from clinical islet transplantation and experimental animal models now indicate that the majority of transplanted islets are destroyed in the immediate post-transplant period, a process largely facilitated by deleterious inflammatory responses triggered by islet-derived procoagulant and proinflammatory mediators. Herein, mechanisms that underlie the pathophysiology of thrombosis and inflammation in IPIT are reviewed, and emerging approaches to improve islet engraftment through attenuation of inflammatory responses are discussed.

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Abbreviations: (APC) activated protein C, (EC) endothelial cell, (FasL) Fas ligand, (IEQ) islet equivalents, (IFN) interferon, (IL) interleukin, (iNOS) inducible nitric oxide synthase, (IPIT) intraportal islet transplantation, (MCP-1) monocyte chemoattractant protein-1, (NO) nitric oxide, (PEG) poly(ethylene glycol), (TAT) thrombin-antithrombin complex, (TF) tissue factor, (TM) thrombomodulin

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