

ABC 항원의 경우 적합군과 비적합군 사이에 유의수준의 차이가 없었고, DR 항원의 적합형이 비적합형보다 우수하였으며, 특수 혈액요법과 Mixed lymphocytic culture 따른 이식신의 생존율에는 큰 변화가 없었고, HBs 항원 양성시와 신장 재이식시에는 이식신의 생존율이 불량하였다.

7) 신장이식후 CsA 사용군에서 신장 기능의 저하가 관찰되었으나 Aza 사용군과 유의수준의 차이가 없어 신기능의 저하가 CsA 사용에 따른 nephropathy 보다는 면역학적 요인에 따른 신기능의 저하임을 암시해 주었으나, CsA 사용중 혈청 creatinine의 상승으로 면역억제제를 Aza로 바꾼 몇 예에서 혈청 creatinine이 저하되어 CsA에 의한 nephropathy의 가능성을 배제할 수 없었다.

8) CsA와 H₂-receptor blocker의 병합 사용시 혈청 creatinine이 상승되어, H₂-receptor blocker가 신세뇨관의 creatinine 배설에 장애를 초래한다는 것을 보여주었으며, H₂-receptor blocker 사용중 지시에 혈청 creatinine은 대부분의 예에서 1달 이내에 정상으로 돌아왔으나 통계학적으로 유의 수준의 차이는 없었다.

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Twenty-Two Years of Renal Transplantation at Catholic Medical Center

— Experience of 600 Transplants —

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The results of Twenty-two years of renal transplantation at the Catholic Medical Center have been reviewed to analyze data of transplants performed between March 1969 and March 1991. During this

time our center has transplanted 578 patients with 600 allografts. The data have been stratified to reflect differences in 1) donor sources; 2) immunosuppressants; 3) diabetics; 4) HBV status; 5) graft number and 6) HLA matching.

Overall actuarial 5-year patient and graft survival were 77% and 66% respectively, with 66% graft survival for LRD, 70% NRD and 44% for CAD. The actuarial graft survival rates at 5-year were 51% in the AZa group, and 76% in the CsA group ($p=0.00001$). Overall 5-year graft survival for HBV positive group was 61% versus 78% for HBV negative group. Overall 5-year graft survivals for HLA-identical, haploidentical, and mismatches were 75%, 54% and 31% in the Aza group ($p<0.05$); and 77%, 77% and 81% in the CsA group.

In conclusion, the best graft survival rates were obtained in recipients who received CsA for immunosuppression and HLA-identical; but not in donor sources, diabetics or not, HBV status, graft number.

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Diffuse interstitial Pneumonia in CsA-Treated Renal Transplant Recipients

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Diffuse interstitial pneumonia (DIP) is a variety of serious disease occurring in renal transplants. To assess the incidence, associated clinical features, precipitating factors, morbidity and mortality we retrospectively reviewed the records of patients undergoing renal transplantation at CMC from May 1, 1984 through Feb 30, 1991. Total of 431 transplants were performed during this period. DIP was diagnosed in 25 patients (mean age; 39 yrs) for an

overall incidence 5.8%. The male: female ratio was 16:9. Of the 25 patients, 19 patients received a NRD and the others LRD. DIP occurred within 3 months post-transplant in 21/25 patients with average onset 3 months (range 2~41). When compared with non-infected recipients, there was no significant difference with regard to sex, donor source, and serum creatinine level. However, diabetics were highly associated with the development of DIP ($p < 0.05$). Rejection episodes occurred in 7/25 patients (28%). Blood CsA level elevated above recommended therapeutic window level. Fever and hypoxia were the most common presenting symptom and sign. Definite diagnosis were achieved in 11/25 (44%) of patients; cytomegalovirus (CMV) identified in six, aspergillus in two, candida albicans in two, and M. tuberculosis in one. Sixteen patients recovered, 9 died for a mortality rate of 36%.

Conclusion: (1) DIP is a serious pulmonary problem with a high morbidity and mortality in CsA treated renal transplant recipients. (2) The majority of cases occur within the first 3 months post-transplant. (3) It occurs more frequently in diabetics and in the setting of increased immunosuppression. (4) The etiologic agents were CMV infection in 6 patients, aspergillus in 2 patients, candida albicans in 2 patients, M. tuberculosis in one patient, and unknown in 14 patients. (5) As a result of this review, we recommend that early diagnosis and specific treatment should be done for successful management.

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신이식후 감염증

계명대 내과

이강욱 · 김현철 · 박성배

일반외과

조 원 현

비뇨기과

박 철 희

최근 면역억제요법의 발달로 신이식후 감염증이 과거에 비해 급격히 감소하고 있으나 신이식후 감염증은 여전히 이들 환자의 사망이나 이병의 중요한 요인으로 남아 있다.

연자들은 1982년 11월부터 1990년 12월말까지 계명대 동산의료원 이식팀이 시행한 신이식 163예를 대상으로 신이식 후 발생한 감염증에 관한 성적을 보고하고자 한다. 면역억제제로는 Azathioprine+steroid 10예, 나머지 153예는 Cyclosporine+저용량의 steroid를 사용하였으며 평균추적기간은 25.2개월이었다.

1) 전 107예의 감염증 세균에 의한 것이 55예 (51.4%)로 가장 많았고 바이러스 39예 (36.5%), 진균 10예 (9.4%), 원충이 3예 (2.7%)였다.

2) 감염의 부위별로는 피부점막이 42%로 가장 많았고, 요로계 18%, 호흡기계 15%, 창상 부위 4%, 간 및 균혈증 4%로 순이었다.

3) 바이러스 감염증에는 Herpes simplex 및 Herpes zoster가 가장 많아 전체 바이러스 감염의 약 1/2을 차지하였고, 그 다음이 Cytomegalovirus 감염이 10예 (25.6%)였으며 acute viral syndrome 이 4예 (10.4%), 그의 B형 간염 3예 (7.7%) N-A N-B 감염 1예 (2.5%) 순이었다.

4) 세균성 감염증에는 요로감염이 18예 (32.7%)로 가장 많았고 그 다음이 피부연조직 감염 14예 (25.5%), 호흡기 감염 11예 (20%) 순이었고 그의 창상부위 감염 4예 (7.2%), 균혈증 4예 (7.2%), 뇌막염이 2예 (3.6%) 있었다.

5) 요로감염의 원인균으로 Pseudomonas, Enterobacter, E.Coil, Staph. aureus 순으로 많았으며 그람