

생체신이식에서의 술전 24시간 공여자 특이 수혈: 단일 기관 10년 임상경험

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Donor Specific Blood Transfusion (DST) one Day Prior to Transplantation in Living Donor Kidney Transplantation: Single Center Experience Over Ten Years

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Immune tolerance is still an elusive goal of transplantation medicine. DST is one of the few clinically applicable tools for this purpose and may give a partial donor-specific hyporesponsiveness. It however is only rarely utilized in current era of transplantation because of possible sensitization and because the excellent graft outcome by current immunosuppressive regimen makes the additional small benefit by DST hardly to be appreciable. DST one day prior to transplantation does not induce sensitization that precludes subsequent transplantation, and may induce a partial tolerance that enables smaller doses of immunosuppressive drugs and improvement of graft outcome. Since 1994, 230 living donor recipients were given 100–200 mL of fresh blood of kidney donor on 1 day before transplantation in our center. Mean follow up was 76.52 months. Either cyclosporin (46.1%) or tacrolimus (53.9%) based immunosuppressive regimen was used. Acute rejection (AR) occurred in 6 (5.7%) of 106 Cyclosporin-treated and 3 (2.4%) of 124 tacrolimus-treated patients. All treated AR episodes were reversed. Except 2 patients who discontinued medication by noncompliance, no graft was lost to AR. Five and 10 years patient survival rate were 95.6 and 94.0%. Five and 10 years graft survival rate were 93.1 and 88.4%. Death-censored 5 and 10 years graft survival were 97.4 % and 94.0%. The excellent graft outcome of our patients may suggest favorable immunologic modulation by DST, although the evidence is not firm because we do not have matched controls without DST to be compared.