

IgA신병증으로 신이식을 시행한 환자에서 만성이식병증이 미치는 영향에 대한 연구

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Chronic Allograft Nephropathy, Rather than Recurrence, Mainly Affects the Allograft Outcome in Patients with IgA Nephropathy

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Background : While renal transplantation has been a reality for decades, IgA nephropathy (IgAN) may predispose graft dysfunction after transplantation because of high recurrence rate. Nevertheless, there is controversy about the main contributing factor that may affect the long-term outcomes of graft in patients with IgAN.

Methods : Results observed herein provide a retrospective analysis of the recurrence and the graft survival-related factors in patients with IgAN.

Results : We evaluated 221 IgAN recipients operated between year 1985 and year 2006 [age, 34.9 ± 11.03 years; living related donors (62.9%), living unrelated donors (18.5%), deceased donors (18.6%); median follow-up duration, 70.7 months (range: 1 to 262 months)]. The 10-year cumulative rate for recurrent IgAN was 30.8%. Multivariate analysis demonstrated that the recurrence rate of IgAN was higher in young recipients (OR 5.41), with related donors (OR, 2.89), whereas mycophenolate mofetil usage protected the recurrence (OR 3.14). The overall 5-year and 10-year graft survival rates were 92.5% and 78.1%, respectively. The 10-year graft survival varied according to the disease recurrence (61.0% in recurrent IgAN vs. 85.1% in no recurrence, $p < 0.001$). However, in multivariate analysis, only the presence of chronic allograft nephropathy (CAN) and young recipient affected the long-term survival of graft, but recurrence of IgAN did not have significant impact on long-term graft survival.

Conclusions : These results suggest that clinical attention for the detection and adequate management of CAN improve the graft survival in patients with IgAN receiving transplants.

Key Words : IgA 신병증, 재발, 이식신 생존율

IgA nephropathy, Recurrence, Graft survival