

신장이식을 받은 결핵 환자에서 퀴놀론 기반의 결핵복합요법의 효과와 안정성

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Quinolone-based Regimen is Safe and Effective in Treatment of Tuberculosis in Renal Transplant Recipients

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Background : Rifampicin based anti-tuberculosis treatment often causes graft failure due to drug interaction with calcineurin inhibitors. This study was performed to evaluate the effect of quinolone-based regimen on clinical outcome in kidney transplant recipients with tuberculosis.

Methods : One hundred one patients were included in this study. Quinolone-treated patients were 17 and rifampicin-treated patients were 84. Patients who do not use calcineurin inhibitor were excluded. The diagnosis of tuberculosis was based on clinical, microbiological, histopathological, or radiological manifestations. Diagnosis of acute rejection was confirmed with kidney biopsy.

Results : The episode of acute rejection in the rifampicin group was almost five times higher than the quinolone group (31.0% vs. 5.9%, $p < 0.05$). Graft failure rate in the rifampicin group was 40.5% whereas no graft failure in the quinolone group. The one third of graft failure in the rifampicin group was acute rejection developed during antituberculosis treatment. On the other hand, graft function and drug levels of calcineurin inhibitor levels in the quinolone group were stable during antituberculosis treatment. Sixteen patients were expired during the study period, and tuberculosis associated death was five patients who were treated with rifampicin-based regimen. Tuberculosis treatment failure occurred in 11.9% of rifampicin group, but none of quinolone group. Seven patients in the rifampicin group needed change from rifampicin to quinolone due to acute rejection or rifampicin-related complications, and all these patients were treated successfully without loss of graft function.

Conclusion : Quinolone-based regimen is effective and safe in treating post renal transplantation tuberculosis.

Key Words : 신장이식, 결핵, 퀴놀론

Kidney transplantation, Tuberculosis, Quinolone