

## ABO 혈액형 불일치 생체 신이식의 단일 기관 경험

메리놀 병원 신장내과<sup>1</sup>, 외과<sup>2</sup>, 임상병리학과<sup>3</sup>

안정명<sup>1</sup> · 이동렬<sup>1</sup> · 정준현<sup>2</sup> · 김병창<sup>3</sup> · 공진민<sup>1</sup>

### ABO Incompatible Living Donor Kidney Transplantation (ABOI-KT) without Splenectomy: Single Center Experience

Jeongmyung Ahn<sup>1</sup>, Dong Ryeol Lee<sup>1</sup>, Joon Heun Jeong<sup>2</sup>, Byung Chang Kim<sup>3</sup>, Jin Min Kong<sup>1</sup>

Maryknoll Medical Center Division of Nephrology Internal Medicine<sup>1</sup>  
Department of General Surgery<sup>2</sup>, Department of Clinical laboratory<sup>3</sup>

**Introduction :** ABOI-KT seems a valuable option to overcome global organ shortage. With the recent protocol with no splenectomy, excellent graft outcome equivalent to ABO-compatible transplantation has been reported.

**Methods :** Nineteen ABO-I KT without splenectomy has been performed in our center since 2007. Rituximab was given 1 month prior to transplantation. Plasmapheresis was done to lower anti-ABO antibody to  $\leq 8$  on transplantation day. Number of HLA mismatch was  $3.8 \pm 1.8$ . Anti-IL2 antibody induction and tacrolimus-based triple drug was used. Median IgG anti-ABO antibody titer initial, on transplant day and at last follow up was 64 (8-512), 2 (1-8) and 4 (1-16), respectively. Posttransplant plasmapheresis was done not routinely but selectively in 7 patients with high initial ABO antibody titer, rapidly rising antibody titer during 2 weeks post-transplantation or rising serum creatinine.

**Results :** Median follow up was 16 (2-37) months. One episode of ABO-antibody mediated acute rejection occurred in a patient, recovered by treatment. No patient or graft was lost to date. There was no major infection requiring hospitalization.

**Conclusion :** ABOI-KT has excellent outcome, and is a good way to increase donor availability.

**Key Words :** 혈액형 불일치, 신이식

ABOincompatibility, Kidney transplantation