S-E13

신이식 환자에서 조기 발생한 고요산 혈증의 임상적 중요성

가톨릭 의과대학 내과학교실 신장내과

정병하 · 이자영 · 최선령 · 강석휘 · 최범순 · 박철휘 · 양철우 · 김용수

Clinical Significance of Early-onset Hyperuricemia in Patients with Renal Allograft

Byung Ha Chung, Ja Young Lee, Sun Ryoung Choi, Seok Hui Kang
Bum Soon Choi, Chul Whee Park, Chul Woo Yang, Yong-Soo Kim

Division of Nephrology Department of Internal Medicine The Catholic University of Korea

Hyperuricemia plays a role in the development and progression of native kidney disease. This study was designed to explore whether uric acid levels can also predict renal allograft outcome. Three hundred and fifty one renal transplant recipients with an allograft functioning for more than one year were included. We measured uric acid levels just before transplantation, 14 days, 3, 6, 9, and 12 months after transplantation, and divided patients into hyperuricemic (n=202) and normouricemic (n=148) groups. We compared the two groups to evaluate the risk factors for hyperuricemia and the predictive value of uric acid level for graft function, cardiovascular complications and long-term allograft survival. We also evaluated the interaction between hyperuricemia and reduced graft function. An acute rejection episode within one year of transplant, delayed graft function, and a deceased donor increased the risk for development of hyperuricemia. Hyperuricemia increased the risk for cardiovascular complications (HR=1.5, 95% CI: 1.1-7.1, p=0.02), but reduced graft function did not. The long-term allograft survival rate was significantly lower in the hyperuricemic group than in the normouricemic group (p=0.02). Hyperuricemia (HR=1.3, 95% CI: 1.0-1.6, p=0.04) or reduced graft function (HR=0.97, 95% CI: 0.95-1.0, p=0.03) significantly increased the risk for graft failure and the presence of both factors gave the highest risk for graft failure (HR=4.4, 95% CI: 2.0-9.7, p=0.000). We conclude that hyperuricemia is a significant predictor for graft survival independent of graft function and other confounders

Key Words : 신장 이식, 고요산 혈증, 이식신 기능 부전
Kidney transplantation, Hyperuricemia, Allograft dysfunction