

## 신체장 동시이식 및 신간장 동시이식의 임상양상

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### Clinical Features of Simultaneous Pancreas–kidney Transplantation and Simultaneous Liver–kidney Transplantation

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**Introduction :** The outcomes of multiple organ transplantation have improved over the past several decades with advance in surgical technique, immunosuppressive regimens, and understanding of immunology. Here, we investigated the current status of both simultaneous pancreas–kidney (SPK) and simultaneous liver–kidney transplantation (SLK)

**Methods :** We retrospectively reviewed SPK and SLK from 2002 to 2010 in Seoul National University Hospital.

**Results :** Twenty patients (11 males and 9 females) underwent SPK transplantation from deceased donors. Eight patients suffered type 1, whereas 12 patients suffered type 2 diabetes mellitus. The mean recipient age was 42.9 years (range, 29.6–70.7 years) in SPK. The mean donor age was 28.5 years (range, 16.5–41.9 years). The mean HLA mismatch was 3.9 (range, 2–6). Immunosuppressive treatment consisted of basiliximab induction followed by tacrolimus, mycophenolate mofetil, and prednisone. Exocrine drainage of pancreatic allograft used enteric drainage in all cases. After a mean follow–up of 45.2 months (range, 15–121 months), patient survival rate, kidney allograft survival rate, and pancreas allograft survival rate were 95%, 90%, and 80%, respectively. One patient died of cerebral infarction and small bowel perforation. Two pancreas allografts were lost due to CMV pancreatitis and small bowel perforation. Beyond the early postoperative period, allograft loss of pancreas and kidney was limited to 1 case of noncompliance to the immunosuppressive medications. Six patients (5 males and 1 females) underwent SLK transplantation. Four patients got deceased donor transplantation and 2 patients got liver and kidney allografts from different living donors. The mean recipient age was 43.5 years (range, 13.0–61.6 years) in SLK.

Immunosuppressive treatment consisted of basiliximab induction followed by tacrolimus, mycophenolate mofetil, and prednisone in 4 patients. One patient uses only tacrolimus as a maintenance regimen and one patients uses tacrolimus and prednisone. After a mean follow–up of 45.2 months (range, 1.5–63.5 months), patient survival rate, kidney allograft survival rate, and liver allograft survival rate were 100%, 83.3%, and 83.3 %, respectively. One patient suffered acute liver failure and delayed graft function of kidney during postoperative period.

**Conclusion :** Multiple organ transplantation including kidney is a well–established therapeutic option with tolerable outcomes for patients with multiple organ failure.

**Key Words :** 신체이식, 신간이식

Pancreas–kidney transplantation, Liver–kidney transplantation