

원인불명 신부전으로 인한 신장이식 성적

서울 시립 보라매 병원¹, 서울대학교 의과대학 내과학교실², 말기신부전 임상연구센터

이정표¹, 김현숙², 김윤정², 안규리², 김성권², 김연수²

Outcomes of Kidney Allograft in Recipients with Renal Failure Due to Unknown Etiology

Jung Pyo Lee¹, Hyun Suk Kim², Youn Jung Kim², Curie Ahn², Suhnggwon Kim², Yon Su Kim²

Seoul National University Boramae Medical Center¹

Department of Internal Medicine², Seoul National University College of Medicine, Seoul, Korea
Clinical Research Center for End Stage Renal Disease (CRC for ESRD)

Understanding the etiologies of underlying disease in renal transplantation is important because the primary renal disease may influence the outcome. However, many recipients undergo kidney transplantation due to renal failure caused by unknown etiology. This work evaluated the outcome of the recipients according to the underlying renal disease, especially focused on the unknown etiology renal failure. We collected clinical data from 681 consecutive adult Korean patients who underwent kidney transplantation in a cohort of a single Asian center from 1995 to 2009. The most common etiology of renal disease leading to kidney transplantation was unknown causes (43.3%), followed by chronic glomerulonephritis (CGN) (31.9%) and diabetic nephropathy (DMN) (9.8%). There were no significant differences in incidences of biopsy proven acute rejection and graft survival between the recipients with unknown etiology renal disease and those with CGN. The incidence of posttransplant glomerulonephritis (PTGN) combining the recurrent GN and de novo GN was as follows: in unknown etiology: 10.5%, in CGN: 14.7%, in the other etiology: 3.6%. The most common PTGN in recipient with unknown etiology kidney disease was IgA nephropathy (8.8%), followed by focal segmental glomerulosclerosis (1.4%). Preemptive renal transplantation did not affect the graft survival. ($P=0.3955$) Instead, preemptive transplantation prevented the recipients from the development of PTGN significantly after adjusting for several risk factors such as HLA antigen mismatch, and donor type (OR 0.25, 95% CI 0.08–0.73, $p=0.011$). In conclusion, the outcome of recipient with unknown etiology of kidney disease seemed to be similar with those with CGN and the preemptive transplantation may be encouraged even in patients with CGN or unknown etiology.

Key Words: 신이식, 원인미상, 사구체 신염

Renal transplantation, Unknown etiology, Glomerulonephritis