

신장이식전 투석 종류에 따른 이식 후 결과에 대한 고찰

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The Impact of Pre-transplant Dialysis Modality on the Outcome of Kidney Transplantation

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Introduction: Preemptive transplantation shows the best clinical outcome in kidney transplantation, but majority of the patients should be instituted a renal replacement because of the lack of donor. We hypothesized that the pre-transplant dialysis modality [pre-emptive, hemodialysis (HD), peritoneal dialysis (PD)] may affect the probability of transplantation as well as the clinical outcome.

Methods: We performed a retrospective cohort study of 577 patients who received kidney transplantation between January 1996 and December 2009 in Seoul National University Hospital (SNUH). The three groups were compared with the rates of graft and patients survival. The mean follow-up duration was 58.1 ± 48.4 months. And then we analyzed 975 patients who had maintenance dialysis (HD: 256, PD: 719) between January 1996 and December 2009 in SNUH for the rates of mortality and probability of kidney transplantation.

Results: Patients who had less than 1month of dialysis before kidney TPL (i.e. preemptive group) had survival benefit compared with non-preemptive group ($p=0.010$), but no difference in graft survival rate ($p=0.966$). When non-preemptive group is subdivided into HD and PD groups, there were no significant difference in patient survival and graft survival rate ($p=0.392$, $p=0.226$, respectively). Patients with maintenance HD had high mortality rate than in patients with maintenance PD in our center ($p=0.006$). But the recipients on maintenance PD had higher probability for kidney transplantation in cohort between 2005 and 2009 ($p=0.009$), yet no difference in patient cohort between 1996 and 2004

Conclusion: Based on the higher probability of kidney transplantation in patients on PD, we may recommend the patients to institute PD if the patients are suitable for PD and transplantation candidates.

Key Words: 신장이식, 이식전 투석 종류

Kidney transplantation, Pre-transplant dialysis modality