P-104

성인에서 발병한 국소성분절성사구체신염의 신이식 후 예후

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The Long-Term Renal Allograft Outcome of Adult-Onset Focal Segmental Glomerulosclerosis (FSGS)

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Background: Although FSGS frequently ended up to end-stage renal disease (ESRD) requiring kidney transplantation (KTP), the outcome of renal allograft is mainly derived from patients with child-onset FSGS. Here, we investigated the outcomes of KTP in patients with adult-onset FSGS (A-FSGS) and compared them with child-onset FSGS (C-FSGS).

Methods: A total of 93 recipients in whom FSGS had been diagnosed as underlying renal disease, were enrolled from 4 institutes. Recipients were classified into two groups according to the age of FSGS onset. Fifteen year-old or less is child-onset and the older is adult-onset. The primary outcome was the occurrence of graft failure and secondary outcomes were acute rejection (AR), chronic allograft nephropathy (CAN), and recurrence. Assessment of the declining renal function was made by calculating the gradient of the slope of reciprocal serum creatinine against time.

Results: Forty-six patients were C-FSGS and 47 patients were A-FSGS. A-FSGS patients showed a longer duration from diagnosis to ESRD, but the other baseline characteristics were similar. Cumulative AR free survival was not different between two groups (p=0.402, by Kaplan-Meier method). Cumulative CAN free survival (p=0.723), recurrence free survival (p=0.743), and graft survival (p=0.279) were also similar in two groups. But the worsening of kidney function defined by the gradient of the slope of reciprocal serum creatinine was steep in C-FSGS than in A-FSGS (−0.033 vs. −0.005), indicating more rapid decline of allograft function (p=0.005). The episodes of AR or CAN significantly affected the graft survival (p=0.002 for AR, and p=0.008 for CAN). In A-FSGS, recurrence of underlying disease was associated with poor graft survival (p=0.004), whereas in C-FSGS, the graft survival was not affected by disease recurrence (p=0.811).

Conclusion: The renal allograft outcome in patients with FSGS was not affected by the time of disease onset. However, heterogeneity of pathogenesis in A-FSGS may have some impact on graft survival by disease recurrence.

Key Words: 국소성분절성사구체신염, 신이식, 재발
FSGS, Kidney transplantation, Recurrence