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B형간염 신장이식 환자에서 항바이러스제의 임상적 효과

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Comparison of Clinical Outcomes in Hepatitis B Virus-Positive Kidney Transplant Recipients with or without Pre-transplant Antiviral Treatment

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Background: Hepatitis B virus (HBV) infection is endemic in Korea. Our center has initiated pre-transplant antiviral therapy in 2000 when anti-viral agent was introduced in clinical practice. Through our study, we tried to define the role of antiviral agent by comparing the clinical outcome in HBV-positive kidney transplant recipients (KTRs) before and after pre-transplant antiviral therapy.

Methods: We retrospectively divided the 69 HBV-positive KTRs into two groups; the treatment group (n=25) and the historical control group (n=44), according to the time of starting of pre-transplant antiviral therapy. The treatment group was further divided into the prophylactic and preemptive therapy groups. Clinical outcome was compared between two groups, and risk factor including pre-transplant antiviral therapy was analyzed.

Results: The treatment group showed significantly improved ten-year graft (82% vs. 34%, p=0.003) and patient (90% vs. 57%, p=0.013) survival compared with the historical control group. The historical control group was ten times high prevalence of graft failure compared with the treatment group (43% vs. 4%) and main cause of graft failure was patient death (68.4%, 13/19). There was no liver-related death in the treatment group during the 10-year follow-up. In contrast, 81% of patient death in the historical control group was associated with liver-related complications (fulminant hepatitis and hepatocellular carcinoma). There were no differences in graft and patient survival between the prophylactic and the preemptive antiviral treated patients, but the preemptive treatment showed a higher prevalence of HBV reactivation than the prophylactic treatment. In multivariate Cox analysis, pre-transplant antiviral therapy was an independent factor for improved patient survival (P=0.005).

Conclusion: Pre-transplant antiviral treatment is essential to improve long-term graft and patient survival. Prophylactic treatment may be better than preemptive treatment in terms of decreasing HBV reactivation

Key Words: B형 간염, 항바이러스제, 신장이식
Hepatitis B virus, Antiviral therapy, Kidney transplantation