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조혈모세포이식 환자에서 발생한 이식숙주편대 병을 동반한 신증후군 15예의 치료 및 예후

가톨릭대학교 의과대학 신장내과[1], 영남대학교 의과대학 신장내과[2], 가톨릭대학교 의과대학 병리과[3]

조율희[1], 강석휘[2], 이명현[1], 안건희[1], 정병하[1], 최범순[1], 양철우[1], 김용수[1], 최영진[3], 박철휘[1]

Nephrotic Syndrome Associated with Graft Versus Host Disease Following Allogenic Hematopoietic Stem Cell Transplantation

Yul Hee Cho[1], Seok Hui Kang[2], Myung Hyun Lee[1], Gun Hee An[1], Byung Ha Chung[1]
Bum Soon Choi[1], Chul Woo Yang[1], Yong-soo Kim[1], Yeong Jin Choi[3], Cheol Whee Park[1]

Division of Nephrology[1] The Catholic University of Korea College of Medicine
Division of Nephrology[2] Yeungnam University Colloge of Medicine
Department of Pathology[3] The Catholic University of Korea College of Medicine

Backgroud: Hematopoietic stem cell transplantation (HSCT) is an effective therapy for diseases requiring strong chemotherapy. Renal manifestation in chronic graft-versus-host disease (GVHD), presenting as nephritic syndrome (NS), has been reported. Previous studies associated with NS after allogeneic HSCT has only been reported as isolated case report or small studies. More cases about this help us understand about the pathogenesis and incidence of renal NS after HSCT.

Patients and methods: Between Janary 2000 and January 2013, we reviewed the renal pathology archives at Seoul and Yeouido St. Mary's Hospital in Korea and identified 15 patients who had biopsy-proven nephropathy after allogeneic HSCT.

Results: Of these patients, all patients had chronic GVHD. The commonest indication of biopsy was proteinuria, found in all patients including 8 in the nephrotic range proteinuria. Most common pathologic findings was membranous nephropathy (MN, n=12) and other glomerular disease included membranous proliferative glomerulonephritis, C1q nephropathy, and diabetic nephropathy. Among them, 9 patients were not treated with immunosuppressive agent at the time of biopsy. Of these 15 patients, 11 patients were treated with starting or intensification of immunosuppressive agent and 3 patients were treated with only angiotensin II receptor blocker (ARB). Overall response rate including complete remission and partial remission was 73%. Response for treatment were categorized as complete remission (CR), partial remission (PR) or non-response (NR). CR and PR were defined as reduction of proteinuria less than 0.2 g/day and between 0.21 g/day and 3.4 g/day, respectively. 2 patients remained non-responder.

Conclusion: This study collects 15 renal biopsies from 15 patients, the largest clinicopathologic study of biopsy-proven nephropathy after HSCT in literature. Most of them responsed to immunosuppressions. Considering a growing population of long-term survival after allo-HSCT, renal biopsies are essential to diagnosis the underlying cause of renal dysfunction. Proper management according to definite diagnosis can prevent renal progression.

Key Words: 조혈모세포이식, 신증후군, 단백뇨
HSCT, Nephrotic syndrome, Proteinuria