

혈액투석을 시작하는 환자에서 중심정맥도관의 종류에 따른 생존률과 입원률의 비교

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Comparison of Survival and Hospitalization of Hemodialysis Patients who Started Hemodialysis Via Tunnelled or Non-tunnelled Central Venous Catheter

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Background: Some of end-stage renal disease (ESRD) patients inevitably start dialysis via central venous catheter (CVC). Tunnelled central venous catheter (TCVC) is well known to be superior to non-tunnelled central venous catheter (NTCVC) in terms of lower risk of infection and catheter failure. In this study, we investigated whether the difference in the use of these two different types of catheter shows difference in the survival and vascular access related hospitalization or not.

Methods: We enrolled newly diagnosed ESRD patients and collected the data prospectively from August 2008 to March 2013. Laboratory and clinical variables with the type of catheter were documented, and hospitalization and mortality were recorded as the outcome events.

Results: Among 1770 patients, 810 patients started hemodialysis via CVC, 629 patients with TCVC and 181 with NTCVC. Hospitalization due to catheter-related infection were higher in NTCVC group (2.21%) than in TCVC group (0.47%) ($p=0.048$). TCVC group also showed significantly better survival rate than NTCVC. In the multivariate analysis adjusting for age, liver disease and congestive heart failure, the type of catheter was still significantly associated with survival ($p=0.021$).

Conclusion: The data demonstrate the TCVC has an association with the lower hospitalization rate due to catheter-related infection and has the higher survival rate than the NTCVC. TCVC should be firstly considered in the patients who start hemodialysis without functioning vascular access.

Key Words: 투석, 생존률, 중심정맥도관

Dialysis, Survival, Vascular access devices