

급성신손상을 동반한 전격성 A형 간염에서 간이식 후 신장 성적; 간신증후군과의 비교

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The Renal Outcome after Liver Transplantation in Fulminant Hepatitis A with Acute Kidney Injury; Comparison with Hepatorenal Syndrome

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Background: Liver transplantation (LT) is the treatment of choice for hepatorenal syndrome (HRS). However the outcome of LT is not well established in recently increasing acute hepatitis A accompanied by acute kidney injury (AKI). We, therefore, investigated the outcomes of LT in patients with AKI by acute hepatitis A comparing to those of patients with HRS by other causes.

Methods: We reviewed 1940 adult recipients who underwent LT consecutively at three Korean liver transplantation centers from 2005 to 2012. A total of 20 acute hepatitis A with AKI patients (HAV group) were compared with 76 patients with HRS by other causes (HRS group).

Results: There was no difference of model for end-stage liver disease score between two groups. Pretransplant estimated glomerular filtration rate (eGFR) was lower in HAV group than in HRS group (20.6±12.7 vs. 28.2±12.8 mL/min/1.73m², p=0.021). Posttransplant patients' and grafts' survival rate were similar. More patients in HAV group needed posttransplant hemodialysis than in HRS group (65.0% vs. 38.2%, p=0.043). However, eGFR has been maintained significantly higher in HAV group since posttransplant 2 month (p<0.05). There was no patient who needed longterm renal replacement therapy in both groups.

Conclusion: Pre- and immediate posttransplant kidney functions of HAV group were worse than those of HRS group. However, posttransplant longterm renal outcome could be better in HAV group.

Key Words: 급성신손상, A형간염, 간이식

Acute kidney injury, Acute hepatitis A, Liver transplantation