

## 급속한 진행과 늦은 발현을 보이는 신이식후 당뇨병

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### Rapid Progression and Late Expression of New Onset Diabetes after Kidney Transplantation

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New onset diabetes after transplantation (NODAT) is a common complication after kidney transplantation. NODAT is an important chronic transplant associated complication. Incidence rate of NODAT has been reported variably, ranging from 2.5% to 45%. However, the clinical course of NODAT remains unclear. The majority of NODAT cases appear during the first 6 months post-transplantation, when patients are treated with high doses of immunosuppression. Increased age, family history of diabetes, ethnicity, genetic variation, obesity, and hepatitis C are partially accountable for an increased underlying risk of NODAT in renal allograft recipients. In addition, the use of and kinds of immunosuppressive agents are key transplant-associated risk factors. NODAT contributes to the risk for cardiovascular disease and infection, reducing graft and patient survival. Because NODAT is a potent predictor of graft failure and cardiovascular mortality in the transplant population, early detection and management of NODAT are important issues. We present a case of late expression and rapidly progressing NODAT. 60-year-old female patient underwent a kidney transplant in 2006. For five years, the patient's blood glucose and HbA1c level were normal and urine glucose was not detected. After about five years transplantation, serum creatinine levels were above 1.6, urine glucose was 2+, and HbA1c level was above 6.5%. Renal biopsy was performed. Renal biopsy showed the mesangial nodular sclerosis and Kimmelstiel Wilson lesion. The incidence of new onset diabetes after transplantation (NODAT) is higher than that of diabetes mellitus in general population. NODAT causes significant morbidity and mortality in recipients of kidney transplants. Evidence suggests that early detection and aggressive treatment can prevent diabetes or mitigate its consequences in the renal transplant recipients. The risk of NODAT regardless of when should always keep in mind. Blood glucose should be frequently monitored in renal transplant patients, considering their significant risk for NODAT.

**Key Words:** 신이식, 당뇨병, 빠른 진행

Kidney transplantation, Diabetes mellitus, Rapid progress