

단일 기관에서 신장이식 후 초기 요로 감염의 감시

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Surveillance to Detect Early Urinary Tract Infection after Renal Transplantation in a Single Center

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Background: Urinary tract infection (UTI) is a common problem in renal transplant recipients. Especially, early UTI after renal transplantation is associated with significant renal dysfunction and recurrent infection. In this study, we investigate which clinical parameter was associated with early post-transplantation UTI and which causative organism induced early post-transplantation UTI in a single center in Korea.

Methods: We enrolled 133 patients with renal transplant recipients at Kangdong Sacred Heart Hospital from January 2004 and December 2012 in this study. Early post-transplantation UTI was defined as occurring < 6months after transplantation. We performed a retrospective analysis of clinical parameter and causative organism associated with early post-transplantation UTI.

Result: Early post-transplantation UTI developed in 19 (14.3%) patients. Median period to UTI after transplantation was 15 (2-142) days. Recurrent infection was observed in 18 (13.5%) patients within 6 months after renal transplantation. Diabetic mellitus (26.7% vs. 10.7%, $p=0.04$) and vesicoureteral reflux (23.4% vs. 9.3%, $p=0.04$) were significantly associated with early UTI after renal transplant. There were no significant differences between graft rejection and early post-transplantation UTI. Isolated bacteria were pseudomonas aeruginosa (36.8%), escherichia coli (31.6%), enterococcus faecalis (15.7%), enterococcus faecium (5.2%), enterobacter cloacae (5.2%), acinetobacter baumannii (5.2%). Antibiotic resistance was 22% for ciprofloxacin and 33% for ampicillin.

Conclusions: Surveillance of UTI for the first 6months is a good option for patients with DM and high grade vesicoureteral reflux.

Key Words: 요로감염, 신장이식

Urinary tract infection, Renal transplantation