

P-62

Basiliximab induction therapy를 하지 않은 1-3 HLA mismatched living donor renal transplants의 안전성에 대한 연구

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The Safety of One to Three-HLA Mismatched Living Donor Renal Transplants Without Basiliximab Induction Therapy

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Background: Basiliximab, an interleukin-2 receptor antagonist, has been shown to significantly reduce acute rejection and is currently used as the first-line induction therapy in kidney transplantation. The number of HLA mismatch is associated with graft rejection though the impact has diminished recently with the introduction of more potent immunosuppressants. We studied the safety of 1-3 HLA mismatched living donor renal transplantation without basiliximab induction therapy.

Methods: We prospectively evaluated 20 patients who underwent one to three-HLA mismatched living donor renal transplants without basiliximab induction therapy between April 2012 and January 2014 (group 1). They were ABO compatible and T-flow negative transplants and we used tacrolimus based triple therapy (tacrolimus, mycophenolate mofetil and methylprednisolone) as maintenance immunosuppressants. Forty patients who underwent one to three-HLA mismatched living donor renal transplants with basiliximab induction therapy in the same periods served as a control group (group 2).

Results: There was no acute rejection in group 1 and one case of acute rejection in group 2. Kidney biopsies were performed in 8 patients in group 2 but they showed only acute tubular injury except 1 patient of acute T-cell mediated rejection. In group 1, there was no cytomegalovirus or BK virus infection. Urinary tract infection was occurred in 1 patient (5.0%). In group 2, there was cytomegalovirus infection in one patient (2.5%), and two patients (5.0%) experienced BK virus infection. In addition, two cases of urinary tract infection (5.0%) and 1 case of pneumonia (2.5%) were reported. The incidence of infection was lower in the group 1 than in the group 2 (5.0% vs. 17.5%), but there was no significant difference ($p=0.249$). No mortality or malignancy was reported.

Conclusion: Just a tacrolimus based triple-drug maintenance immunosuppression without basiliximab induction therapy showed no increase of acute rejection and might be acceptable in one to three-HLA mismatched living donor renal transplantation.

Key Words: Basiliximab, Tacrolimus, 신장이식
Basiliximab, Tacrolimus, Renal transplantation