

세 번째 신장이식의 임상결과; 한 기관에서의 경험

서울성모병원 신장내과, 가톨릭중앙의료원

김현선, 정병하

Clinical Outcome of Third Kidney Transplantation; Single-center Experience

Hyun-Seon Kim, Byung Ha Chung

Seoul St. Mary's Hospital Division of Nephrology, Catholic Medical Center

It has been suggested that 3rd kidney transplantation (KT) is associated with much more complications compared to 1st or 2nd KT. In this study, we aimed to investigate the outcome of those patients by analysis of the clinical data of 3rd KT patients in our center. From Mar. 1980 to Dec. 2012, total 2,111 cases of KT have been performed in Seoul St. Mary's hospital. Out of them, we included 11 cases of 3rd KT and investigated the patient and allograft survival rate and the development of complications. Mean follow-up duration after KT was 151.8 ± 143.2 months. Mean age at KT was 38.2 ± 8.0 years, and male were 7 cases (64%). Living donor (LD) KT were 9 cases (92%). Crossmatch test was positive in 4 out of 9 LDKT, and all of them took pre-transplant desensitization therapy. Main immunosuppressant was tacrolimus in 7 recipients, cyclosporine in 2 and azathioprine in another 2 patients. After KT, 2 patients (18%) showed delayed graft function. Acute rejection developed in 3 cases (27%) and 3 cases of surgical complications (hydrocele, wound infection and iliac artery rupture) developed. Total 4 cases of allograft failure developed and the cause of allograft failure was acute rejection (n=3) and chronic rejection (n=1). Allograft survival rate at 1, 5 and 10 years was 81.8%, 42.9% and 42.9% respectively. In conclusion, 3rd KT is acceptable option for patients who suffered 2nd allograft failure, but aggressive pre-transplant immune monitoring and patient selection may be required to reduce risk for acute rejection and surgical complication.

Key Words: 신장이식, 재이식, 합병증

Kidney transplantation, Retransplantation, Complication