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B형간염에 의한 간경화 환자들의 단독 신장 이식

서울 아산병원 신장내과¹, 서울 아산병원 외과²

노경우¹, 김영훈², 한덕종², 박수길¹, 김순배¹

Kidney Transplantation Alone in ESRD Patients with Hepatitis B Liver Cirrhosis: A Single Center Experience

Kyeongwoo Nho¹, Young Hoon Kim², Duck Jong Han², Su-Kil Park¹, Soon Bae Kim¹

Division of Nephrology, Department of Internal Medicine¹, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea
Department of General Surgery², College of Medicine, University of Ulsan

Background: KT alone in ESRD patients with HBV LC is controversial. This study compared outcomes of KT in HBsAg-positive patients with ESRD with (LC group) and without LC (Non-LC group).

Methods: Outcomes were analyzed in 103 HBsAg-positive patients with ESRD who underwent KT alone between 1997 and 2011. 91 were in the Non-LC group and 12 were in the LC group. Of the latter, eight were Child-Pugh (CP) class A and four were CP class B.

Results: Baseline AST and ALT levels were higher in the LC group. MELD scores were similar in patients with CP class A and B, only serum albumin level was lower in CP class B. After KT, one CP class A patient showed an increase in the CP score from 5 to 10 points, MELD score from 22.3 to 44.1 points. The CP and MELD scores of the other 11 patients in the LC group did not increase. All four pre-KT CP class B patients were reclassified as class A after KT, because of elevated serum albumin levels. Four patients in the LC group developed HCC at a median of 35 months (range: 20-57 months) after KT. The 5 year patient survival rate was similar in the LC and Non-LC groups (100% vs. 94%, $p=0.15$). The incidence of pre-KT LC did not differ between survivors and non-survivors (11% vs. 18%, $p=0.61$). Occurrence of HCC was significantly higher in non-survivors than in survivors.

Conclusion: KT alone may be safe in patients with compensated HBV LC.

Key Words: 신장이식, 간경화, B형 간염

Kidney transplantation, Liver cirrhosis, Hepatitis B