

자동 복막투석과 지속성 외래복막투석의 영양실조-염증-동맥경화 증후군 비교

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박종원, 서준혁, 최은우, 박세현, 조규향, 윤경우, 도준영, 강석희

Comparison of Malnutrition-inflammation-atherosclerosis Syndrome Components between Automated Peritoneal Dialysis and Continuous Ambulatory Peritoneal Dialysis

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Background: The aim of the present study was to compare malnutrition-inflammation-atherosclerosis components between automated peritoneal dialysis (APD) and continuous ambulatory peritoneal dialysis (CAPD).

Patients and Methods: Matched for age, sex, diabetes mellitus, and dialysis vintage, 17 patients undergoing CAPD and 17 undergoing APD were included. Main outcome measures included serum albumin, subjective global assessment score (SGA), nPCR, IL-6, TNF- α , hs-CRP, intimal media thickness, overhydration/extracellular water (OH/ECW, %), and LV mass index.

Results: Serum albumins in the CAPD and APD groups were 3.6 ± 0.5 and 3.9 ± 0.5 g/dL, respectively ($p=0.128$). SGAs in the CAPD and APD groups were 10.0 ± 1.6 and 9.4 ± 2.0 ($p=0.375$). nPCRs in the CAPD and APD groups were 0.83 ± 0.14 and 0.83 ± 0.28 , respectively ($p=0.993$). There were no significant differences in IL-6, TNF- α , and hs-CRP between the two groups. Markers associated with volume status in CAPD group were better than the APD group (pulmonary capillary wedge pressure; 19.3 ± 8.9 in the CAPD group and 15.4 ± 5.1 in the APD group). OH/ECW in APD group was less than that in CAPD group ($p=0.047$). sICAM and sVCAM levels in APD group were less in those in CAPD group, but no statistical significances were observed.

Conclusion: The present study shows that many MIA syndrome components were not different between APD and CAPD. In addition, volume control in APD group may be at least as efficacious as CAPD.

Key Words: 복막투석, 염증, 영양실조

Peritoneal dialysis, Inflammation, Malnutrition