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IgA 신병증 재발로 인한 두번째 신장 이식의 결과

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The Outcomes of Second Transplantation in Recurrent IgA Nephropathy

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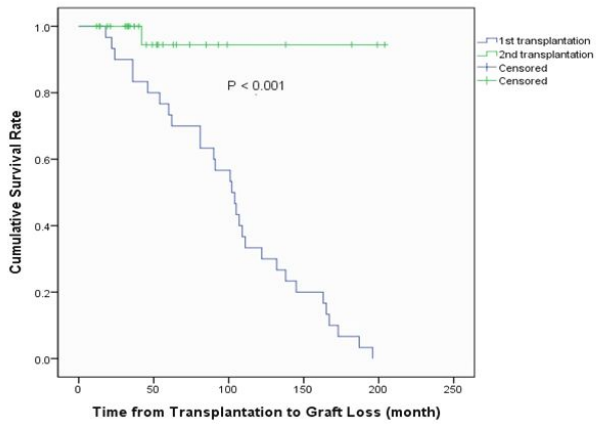
Introduction: Recurrence of original glomerulonephritis is an important cause of graft loss. In some studies, histologic recurrence of IgA nephropathy occurs in 60% after 1st kidney transplantation. After mean follow up of 5 years, approximately 5% will have lost their graft as a result of recurrent IgA nephropathy. However, there is no evidence that we can persuade or dissuade second transplantation in patients with recurrent IgA nephropathy. In this study, we evaluated the outcomes of the second transplantations in patients who lost 1st graft due to recurrent IgA nephropathy.

Methods: We reviewed all patients who received second transplantation because of graft loss associated with recurrent IgA nephropathy in four academic hospitals in Korea from March 1985 to December 2013. All patients were diagnosed with recurrent IgA nephropathy in the first graft biopsies. There were thirty patients, and we followed them until 1st October, 2014. We evaluated the outcomes of second transplantation compared to the outcomes of the 1st transplantations in the same patients.

Results: Twenty three patients (76.7%) were male, and mean age of patients at the time of second transplantation was 44.40±10.36 years old. First graft survival was 100.93±51.13 months. In 8 cases, crescents were identified in graft biopsies. After second transplantation, 8 patients (26.7%) experienced rejection and IgA nephropathy recurred in 2 patients (6.7%). However, only 1 patient lost second graft due to chronic rejection during mean follow up time of 65.20±52.39 months. Graft survival was better in the second transplantation ($p<0.001$ by Log-rank test). There is time gap between two transplantations and more patients used FK506 and mycophenolate mofetil in the second transplantation than in the first transplantation ($p<0.001$). More potent immunosuppressants in the second transplantation could affect the better outcomes. There were no variables to predict the recurrence of IgA nephropathy or graft survival in second grafts.



Conclusions: Second transplantation in recurrent IgA nephropathy showed good long-term results compared to the first transplantation. Therefore, we might recommend second transplantation to the patients who experienced graft loss due to recurrent IgA nephropathy.

Key Words: IgA 신병증, 신장, 이식
IgA nephropathy, Kidney, Transplantation