

초고령 혈액투석 환자에서 혈관통로에 따른 임상 경과

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Vascular Access Outcomes in the Very Elderly Hemodialysis Patients: Single Center Experience

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Background: The number of elderly patients with dialysis is steadily increasing in Korea. Several studies showed that arteriovenous fistular (AVF) or arteriovenous graft (AVG) are superior to central venous catheter (CVC) in very elderly (>75 years old) patients with lower mortality risk. The aim of this study was to evaluate the clinical outcomes of AVF and AVG in these patients.

Methods: In this retrospective study, clinical data were collected in patients received first-time AVF operation for chronic dialysis in our center between January 1, 2005 and December 31, 2014. Eligibility included age ≥ 75 years, no previous renal replacement therapy and survival of initial 3 months of dialysis

Results: A total of 60 patients were enrolled and their mean age was 77.7 years, 52% were men, 33.3% were diabetes. Thirty eight (63.3%) patients were initiated dialysis with CVC before changed to AVF or AVG during the follow-up. Of these patients, 50 (83.3%) had a AVF and 10 (16.7%) had a AVG. Compared to AVF group, AVG group was significantly higher percentage of diabetes, however, age and sex were not different between two groups. With a mean follow up of 25.2 months, 9 patients received secondary AVF or AVG, 19 (31.7%) received percutaneous transluminal angioplasty (PTA). Of the 10 patients who died during follow up, 6 died of infection and 4 died of cardiovascular causes. There were no significant differences regarding sex, age, and diabetes in Kaplan-Meier analysis, with exception of type of vascular access that survival of patients with AVF was significantly higher than those with AVG ($p < 0.028$).

Conclusion: In very elderly patients, the patients with AVF had significantly higher survival rate compared to patients with AVG.

Key Words: 고령환자, 혈액투석 통로, 생존율

Elderly patient, Vascular access, Survival