

6시간 입원 경피적 신장 조직 검사에 대한 단일 기관의 연구

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Safety of Six Hour–Admission Kidney Biopsy, A Single–Center Experience

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With a spring–loaded biopsy gun and ultrasono guide, the percutaneous kidney biopsy is considered safe. However, the optimal period of post–biopsy bed rest and in–hospital observation seems controversial. A two and three day–admission is a common practice.

We did 6 hour–admission kidney biopsy for selected patients with serum creatinine ≤ 2 mg/dL and no evidence of clinical and laboratory bleeding tendency. Anti–platelet drugs and NSAIDs were avoided for 5 days before biopsy.

Among 233 kidney biopsy cases from January 2008 to August 2011, 66 cases of 6 hour–admission kidney biopsy (6 h Adm) were identified. We compared the bleeding complication between 6 h Adm and 24 h Adm (patients admitted for kidney biopsy for ≥ 24 hours). The basal serum creatinine was 1.1 ± 0.1 mg/dL in 6 h Adm (vs. 1.2 ± 0.1 mg/dL in 24 h Adm, $p > 0.05$). The change of serum hemoglobin concentration was not different between two groups (-0.7 ± 0.1 vs. -0.6 ± 0.1 g/dL, 6 h Adm vs. 24 h Adm, $p > 0.05$). No serious flank pain was observed and no blood transfusions were needed in both groups. The cost was 500000 US in 6 h Adm and 650000 in 24 h Adm.

In selected patients with lower risk of bleeding, 6 hour–admission kidney biopsy seems feasible, sage and reduced the cost.

Key Words: 6시간 입원, 경피적 신장 조직 검사
Kidney biopsy, 6 hour admission