

만성 B형간염 환자의 신장이식시 예방적 항바이러스 제제가 예후에 미치는 영향

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Antiviral Agents has Improved the Clinical Outcomes in Renal Transplant Recipients with Chronic Hepatitis B

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Purpose: The introduction of antiviral agents has reduced complication associated with chronic hepatitis B virus (HBV) infection, which was one of the important causes of morbidity and mortality in renal transplant recipients (RTS) with chronic hepatitis B. However, the relationship between chronic HBV infection and clinical outcome after kidney transplantation (KT) remains controversial. This study performed to evaluate the impact of prophylactic antiviral treatment on patient and graft survival.

Methods: Sixty-nine RTR with chronic hepatitis B were included in this study. We compared retrospectively the baseline characteristics and clinical outcomes between the treatment group with prophylactic antiviral agents and the historical control group who received no prophylactic antiviral treatment. The mean duration of follow-up was 77.7 ± 68.3 months. There were 25 patients in the treatment group and 44 in the historical control group

Results: There were no significant differences in baseline clinical parameters such as gender (male 80.0% vs. 79.5%, $p=NS$), age at KT (43.3 ± 9.1 vs. 35.0 ± 9.2 years, $p=NS$), primary renal disease, the dialysis modality before KT and HLA mismatch number between the treatment and the control group. The frequency of HBV reactivation was higher in the treatment group, compared to the control group (0.5 ± 0.7 vs. 0.4 ± 0.5 , $p=0.037$). Nine patients (20.4%) in the control group received salvage treatment with antiviral agents after HBV reactivation. However, there were no significant differences in lamivudine resistance. The graft survival rate in the treatment group was significantly higher than that in the control group (5-year graft survival rate 81.8% vs. 55.9%, 10-year graft survival rate 81.8% vs. 34.2%, $p=0.004$). The treatment group also had better patient survival as compared to the control group (5-year patient survival rate 90.9% vs. 70.4%, 10-year patient survival rate 90.9% vs. 57.4%, $p=0.014$). In the control group, most common cause of graft loss was patient's death (51.6%, $n=16$) and the leading cause of death was fulminant hepatitis (66.6%, $n=14/21$), while there was no HBV related death in the treatment group.

Conclusion: Before the era of effective antiviral agents, renal transplant recipients with chronic hepatitis B showed a higher incidence of graft failure and HBV-related mortality. The development of antiviral agents had improved graft and patient survival in renal transplant recipients with chronic hepatitis B.

Key Words: 만성B형간염, 항바이러스제, 신장이식

Chronic hepatitis B, Antiviral agent, Renal transplantation