

생체 신이식 후 발생한 항 ABO 항체 매개 급성 거부 반응의 Bortezomib 치료 사례

메리놀 병원 신장내과

안정명 · 노담비 · 김정인 · 김혜미 · 김후경 · 이경임 · 오지연 · 최윤덕 · 김병창 · 공진민

Bortezomib for Treatment-Resistant Case of Anti-ABO Antibody Mediated Acute Rejection (ABO-AMR)

Jeongmyung Ahn, Dambee No, Jeongin Kim, Hyemi Kim, Hoogyung Kim
Gyungim Lee, Jiun Oh, YunDuk Choi, Byungchang Kim, Jinmin Kong

Maryknoll Medical Center

Although recent literatures showed excellent graft outcome of ABO incompatible living donor kidney transplantation, some grafts do fail due to ABO-AMR. Bortezomib, a proteasomal inhibitor approved for use in multiple myeloma, may have a role in the treatment of AMR of organ transplant patients. Several reports suggested the efficacy of this drug on anti-HLA AMR, but no report so far for ABO-AMR.

A 49 years-old blood group O lady received a kidney from her blood group A husband. The cause of ESRD was type 1 DM. PRA was 5%. Rituximab and pretransplant plasmapheresis reduced ABO antibody titer from the initial value of 256 to 4 on transplant day. Graft vein was injured during laparoscopic donor nephrectomy with subsequent development of delayed graft function. Anuria in the 1st week and urine output gradually increased to more than 500ml by day 15, but urine decreased again in the next few days. Graft biopsy on day 7 showed no peritubular capillaritis, but biopsy on day 22 revealed AMR. A total of 23 plasmapheresis was done along with IVIG since the diagnosis of AMR until day 58. Urine output and ABO antibody(4 to 16) waxed and waned. ATG was given for 3 days but discontinued due to thrombocytopenia. As AMR did not respond to treatment, we gave 3 doses of bortezomib started on day 41. The patient had been dialysis dependent until day 80, when urine amount began to abruptly increase. Serum creatinine at last follow up(day 592) was 1.0 mg/dL.

Bortezomib seems beneficial for treatment of ABO-AMR.

Key Words: 신장이식, 항체 매개성 거부반응, 보르테조미브
Transplantation, AMR, Bortezomib