P163

단일기관의 뇌사자 신장이식 대기자 관리 현황

서울대학교 병원 장기이식센터[1], 서울대학교 병원 신장내과[2]

김명규[1] · 노 한[1] · 김윤정[2] · 박혜인조[1] · 양재석[1] · 안규리[2]

Management of Patients on the Waiting List for Deceased Donor Kidney Transplantation

Myung-Gyu Kim[1], Han Ro[1], Yoon Jung Kim[2], Hayne Cho Park[1], Jaeseok Yang[1], Curie Ahn[2]

Transplantation Center[1], Seoul National University Hospital
Division of Nephrology[2], Korea University Anam Hospital

Background: The number of patients waiting for kidney transplantation is continuously increasing in Korea. However, there has been no standard guideline for their management during waiting period.

Methods: All patients on waiting list for kidney transplantation from May, 2000 to April, 2010 at Seoul National University Hospital were enrolled. Registration date of the waiting list, cause of ESRD, dialysis modality, dialysis duration and co-morbidities were recorded. Presence of anti HLA antibody, ABO blood type and regular screening results including endoscopy, echocardiography, 99mTc-MIBI myocardial SPECT, chest and abdominal imaging were also assessed.

Results: A total of 201 patients have received deceased donor transplants and their waiting time was about 51.9± 31.2 months. However, 97 patients died in the middle of waiting period and 728 patients were still waiting for transplantation. Older (>60 years, 14.9%) or diabetic registrants (25.8%) increased since 2005. Old age and positive PRA, especially high PRA (>50%), was independently associated with lower transplantation rate ($p<0.001$), whereas blood type O was not. A total of 5 highly sensitized patients that had been waiting longer than 4 years, received desensitization, and 2 patients succeeded in receiving kidney transplantation 1.5 and 5 months after desensitization respectively. We ran regular screening program for malignancy and cardiovascular diseases; however, less than half of patients took screening tests at least every other year. Furthermore, the screening rate decreased as waiting time got longer. Transplantation rate was higher in patients that were compliant with regular screening ($p=0.016$) and more malignancies were detected in them ($p=0.023$). Malignancy was diagnosed in 26 patients. Risk of malignancy increased with time on dialysis ($p=0.021$). Echocardiography and nuclear imaging were performed in 48.2% and 13.15%, respectively. Reversible ischemia was detected in 9.7% of the screened patients. Expanded criteria donor (ECD) kidneys were increasingly used (21.03%). However, patient's avoidance of ECD kidneys was still the most common cause to refuse allocated kidney.

Conclusion: We need to develop strategies to manage presensitized status, the most important barrier to deceased donor allocation. Because regular management of the patients on the waiting list could improve both transplantation rate and detection of comorbidity, it is worth optimizing management programs for them.

Key Words: 뇌사자, 신장이식, 대기자관리
Deceased donor, Kidney transplantation, Waiting list