

타크로리무스, 바실릭스맙, 마이코페놀레이트를 사용한 신장이식 후 스테로이드 중단 요법

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Prospective Controlled Protocol for 3 Months Steroid Withdrawal with Tacrolimus, Basiliximab, and Mycophenolate mofetil in Renal Transplant Recipients

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During the past few years, new immunosuppressants such as tacrolimus, mycophenolate mofetil (MMF), and basiliximab, have been shown to successfully decrease the incidence of acute rejection, possibly acting as potent substrates for safe steroid withdrawal. Therefore, clinical outcome of 3 months steroid withdrawal, while using the above immunosuppressants, was analyzed. Thirty de-novo renal transplant recipients were enrolled, and prednisolone was slowly withdrawn by 2.5 mg in every two weeks until 8 weeks after 3 months post-transplantation. During the steroid withdrawal, 10 patients (30.0%) discontinued the protocol and they were maintained on steroid treatment. Among the 20 steroid free patients, 8 patients (40.0%) re-started the steroid within 12 months post-transplantation. By the study endpoints, 12 (40%) recipients did not take steroid, and survival of patients and grafts was 100%. In conclusion, 3 months steroid withdrawal while taking tacrolimus, basiliximab, and mycophenolate mofetil, in kidney transplant patients was not associated with increase of mortality or graft loss. Despite various causes of failure of steroid withdrawal during the follow-up period, it is a strategy well advised for kidney transplant recipients with regard to long-term steroid-related complications.

Key Words: 급성거부반응, 신장이식, 스테로이드 중단

Acute rejection, Renal transplantation, Steroid withdrawal