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신장이식 환자에서 allograft failure 후 신대체 요법

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Renal Replacement Therapy After Renal Allograft Failure

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The aim of this study is to investigate the clinical course of patients with failed allograft according to the type of renal replacement modality. Three hundred sixty-eight patients with failed allograft were included. Of these, 233 patients started hemodialysis (HD-PSKT), 64 patients started peritoneal dialysis (PD-PSKT), and 71 patients underwent second transplantation (ReKT). At baseline, age, sex, laboratory findings, and comorbidity did not differ significantly among three groups. Chronic rejection was the most common cause of allograft failure (81.6%) followed by acute rejection (10.7%). During the observation period, 96 patients died. The most common cause of death was cardiovascular disease (39.6%) followed by infection (34.4%) and malignancy (8.3%). Infection was important cause of death within 10 years from allograft failure, but cardiovascular disease and malignancy occupied significant portion of death after 10 years from allograft failure. Significant difference was not found among the three groups in the cause of allograft failure and the cause of death. The patient outcome was better in the ReKT than in the other two groups and it did not differ significantly between the PD-PSKT and HD-PSKT. In multivariate analysis, old age, hypoalbuminemia, and high comorbidity were proved to be the independent risk factors for mortality and the ReKT was still significantly superior to the HD-PSKT and PD-PSKT after adjustment for other confounding factors. In conclusion, second transplantation may result in survival benefit, and proper management of nutrition and comorbidity may help to improve outcome in patients with failed allograft.