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Comparison of Kidney Transplantation Outcomes Between Kidney Transplantation With Native Nephrectomy And Kidney Transplantation Alone in Autosomal Dominant Polycystic Kidney Disease: A Nationwide Cohort Study

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Objectives : Nephrectomy of native kidneys is performed in a substantial number of patients with autosomal dominant polycystic kidney disease (ADPKD) who undergo kidney transplantation (KT). However, no evidence-based algorithm currently exists to guide whether to perform native kidney nephrectomy with KT. We aimed to compare KT outcomes between ADPKD patients who received nephrectomy before or at the time of KT and those who underwent KT alone.

Methods : KT recipients in Korea from 2004 to 2020 were categorized into PKD and non-PKD groups using data from Health Insurance Review and Assessment Service and Korea National Health Insurance Service. PKD group was further classified into those who received pre-transplant or simultaneous nephrectomy (PKD-nephrectomy) and those without (PKD-KT alone). Cox proportional hazard analyses were performed for all-cause mortality and death-censored graft failure.

Results : Among 21,404 KT recipients, 1,142 with PKD were identified, comprising 458 in PKD-nephrectomy and 684 in PKD-KT alone group. Incidence rate for all-cause mortality was significantly lower in PKD-nephrectomy group (vs. PKD-KT alone, 6.79 vs. 14.15 per 1,000 person-years, $P=0.040$), with an unadjusted hazard ratio (HR) of 0.48 (95% confidence interval 0.23–0.82). After adjusting for age, sex, income status, diabetes, hypertension, dyslipidemia, cardiovascular disease, and immunologic risk factors, adjusted HR for mortality remained significant at 0.57 (0.32–0.99). When compared to non-PKD recipients, PKD-nephrectomy group demonstrated significantly lower adjusted HRs for both mortality (0.59 [0.36–0.95]) and graft failure (0.51 [0.29–0.89]), whereas PKD-KT alone group showed no significant difference (mortality 1.06 [0.81–1.39]; graft failure 0.94 [0.67–1.33]).

Conclusions : In patients with PKD undergoing KT, native kidney nephrectomy was associated with significantly lower all-cause mortality compared to PKD patients who underwent KT alone, and with superior graft survival compared to non-PKD recipients. These nationwide real-world data support consideration of nephrectomy as a beneficial strategy in carefully selected ADPKD patients who undergo KT.