

Premagovanje izzivov pri sodobni presaditvi ledvic

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Presaditev ledvice

- Najboljše nadomestno zdravljenje končne ledvične odpovedi
- V primerjavi s kronično dializo presaditev ledvice podaljšuje življenje, izboljšuje kakovost življenja in je dolgoročno cenejše zdravljenje
- Tako s presajeno ledvico kot z dializo je možno živeti več kot 40 let
- V UKCL zdravimo bolnico, ki s kronično dializo živi 42 let in 10 mesecev ter bolnika, ki mu presajena ledvica deluje 40.5 let

Nezadovoljivo dolgoročno delovanje presadka

- Glavni izziv sodobne presaditve ledvic
- Po 5 letih v ZDA deluje 71% presajenih ledvic, v Evropi 77%
- Po 10 letih v ZDA deluje 46% presajenih ledvic, v Evropi 56%

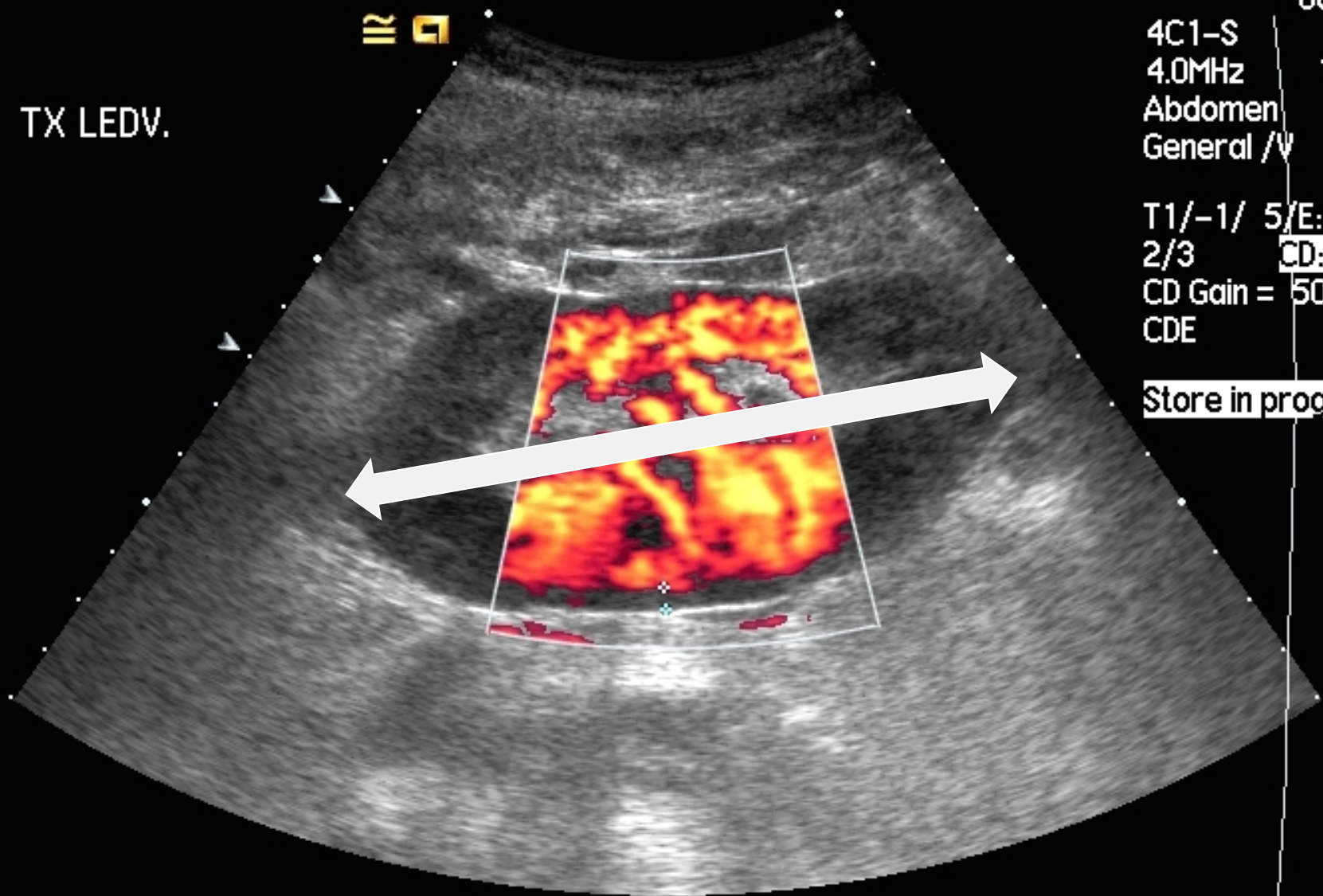
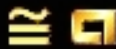
Zakaj je dolgoročno delovanje presajene ledvice nezadovoljivo?

- Presajamo le eno ledvico, ne dveh
- Starost umrlih darovalcev se zvišuje, vse večji delež darovalcev umre v bolnišnici zaradi bolezni in vse manj zaradi poškodb in nesreč
- Ena presajena ledvica utрпи dodatne poškodbe zaradi hladne in tople ishemije ob presaditvi, zavrnitve, zdravil, osnovne ledvične bolezni – torej v realnosti bolnik dobi manj kot eno ledvico



TX LEDV.

.11



08:07:42

4C1-S #16

4.0MHz 140mm

Abdomen

General /V

T1/-1/ 5/E:1+1

2/3 CD:3.0MHz

CD Gain = 50

CDE 15dB

Store in progress

Dist = 0.37cm

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Delete Set

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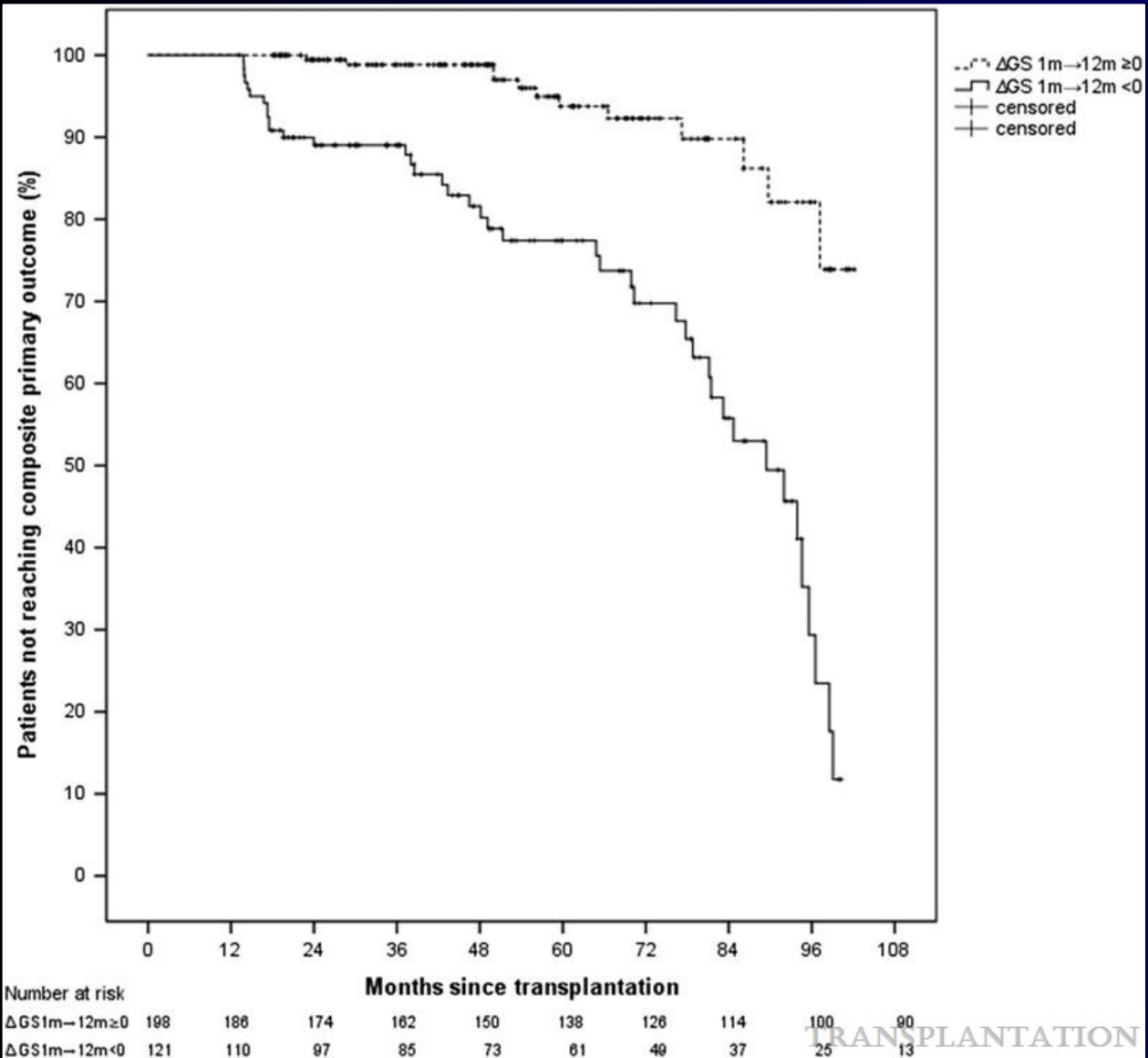
Decrease in 1-year Kidney Graft Size Predicts Inferior Outcomes After Deceased Donor Kidney Transplantation

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Background. Longest bipolar length of the kidney graft is routinely measured for ultrasonographic assessment of graft size (GS), although the value of the graft length remains unclear. **Patients and Methods.** In a single-center, observational study involving 319 deceased-donor kidney transplant recipients, we assessed variations in absolute and adjusted GS (corrected for body surface area) between 1 and 12 months after transplantation ($\Delta GS_{1m \rightarrow 12m}$). We tested whether variations in GS during the first year were predictive of the composite outcome of a reduction of 50% or more in the estimated glomerular filtration rate or end-stage graft failure. **Results.** At 1 year after transplantation, 121 patients (38%) had a decrease in GS ($\Delta GS_{1m \rightarrow 12m} < 0$), and 198 patients (62%) had an increase in GS ($\Delta GS_{1m \rightarrow 12m} \geq 0$). After a median follow-up of 53 months, 41 patients with a decrease in GS reached the composite outcome as compared with 12 patients with an increase in GS (34% and 6%, respectively; $P < 0.001$). Areas under the receiver operating characteristics curves of absolute and adjusted $\Delta GS_{1m \rightarrow 12m}$ for composite outcome were 0.81 (95% confidence interval [95% CI], 0.74-0.88) and 0.78 (95% CI, 0.70-0.86), respectively. In multivariate analysis, the risk of the composite outcome was significantly higher among patients with a decrease in GS during the first year after transplantation (hazard ratio, 4.55; 95% CI, 2.35-8.81; $P < 0.001$). **Conclusions.** A decrease in kidney GS during the first year after transplantation, as compared with an increase in GS, is a powerful predictor of subsequent graft dysfunction or end-stage graft failure.

(*Transplantation* 2015;00: 00–00)

Figure 2



[Decrease in 1-year Kidney Graft Size Predicts Inferior Outcomes After Deceased Donor Kidney Transplantation](#)

Cerne, Senka; Arnol, Miha; Kandus, Aljoša; Buturovic-Ponikvar, Jadranka
 Transplantation. 100(8):1759-1766, August 2016.
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FIGURE 2. Kaplan-Meier analysis examining the probability of composite primary outcome ($\geq 50\%$ reduction in eGFR or end-stage graft failure) according to the variation in kidney graft size between 1 and 12 months after transplantation ($\Delta GS_{1m \rightarrow 12m} < 0$ vs. $\Delta GS_{1m \rightarrow 12m} \geq 0$). Patients with a decrease in graft size during the first year ($\Delta GS_{1m \rightarrow 12m} < 0$) had an increased risk of composite primary outcome during their follow-up ($P < 0.001$).

Zaključek

Z uporabo enostavne neinvazivne ultrazvočne preiskave lahko v zgodnjem posttransplantacijskem obdobju odkrijemo bolnike s povečanim tveganjem za izgubo presadka (presadek, ki se v prvem letu po presaditvi zmanjšuje) in ustrezno ukrepamo.

