

论著

心脏死亡供体的移植肾功能延迟恢复的危险因素分析

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摘要:

目的:探讨心脏死亡供体(death cardiac donor, DCD)的移植肾功能延迟恢复(delayed gra function, DGF)发生的危险因素及预后情况。方法:收集中南大学湘雅三医院器官移植中心及武汉中南医院2010年2月至2012年3月的48例DCD肾移植受者,分为DGF组( $n=18$ )及肾功能稳定(immediate gra function, IGF)组( $n=30$ )。分析发生DGF的危险因素。结果:DGF的发生率为37.5%,在单因素分析中受者术前透析时间( $P<0.001$ )、HLA错配位点( $P<0.001$ )、脑出血死亡供体( $P=0.011$ )、供者BMI( $P<0.001$ )、术前SCr( $P<0.001$ )、使用去甲肾上腺素( $P<0.001$ )、热缺血时间( $P<0.001$ )、冷缺血时间( $P<0.001$ )为DGF的危险因素,在多因素分析中,受者术前透析时间 $\geq 12$ 个月( $P=0.060$ , OR=15.060)、脑出血死亡供体( $P=0.022$ , OR=39.652)、供者术前SCr $\geq 177$   $\mu\text{mol/L}$  ( $P=0.008$ , OR=57.148)为DGF独立的危险因素。结论:DGF的独立危险因子是受者术前透析时间 $\geq 12$ 个月、供者术前SCr $\geq 177$   $\mu\text{mol/L}$ 、脑出血死亡供体。

关键词: 心脏死亡器官捐献(DCD) 肾移植 肾功能延迟恢复(DGF) 危险因素

Delayed graft function after DCD kidney transplantation: risk factors for and impact on transplantation

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Abstract:

Objective: To evaluate the risk factors of delayed graft function (DGF) and its impact on renal transplantation from donation after cardiac death (DCD).

Methods: We conducted a retrospective study consisting of 48 subjects who underwent a DCD kidney transplantation from February 2010 to March 2012. We classified the recipients into two groups: an IGF (immediate graft function) group ( $n=30$ ) and a DGF group ( $n=18$ ), and analyzed the risk factors of DGF and its impact on transplantation.

Results: DGF occurred in 18 of the 48 (37.5%) kidneys from DCD donors, and the occurrence of DGF did not adversely influence the survival of patients ( $P=0.098$ ) and graft ( $P=0.447$ ). In the univariate analysis, the preoperative dialysis time of recipients ( $P<0.001$ ), HLA mismatch site ( $P<0.001$ ), the cause of brain death ( $P=0.011$ ), BMI ( $P<0.001$ ), preoperative serum creatinine of donors ( $P=0.0001$ ), norepinephrine used in donors ( $P<0.001$ ), warm ischemia time (WIT) ( $P<0.001$ ), cold ischemia time (CIT) ( $P<0.001$ ) showed significant differences. In the multivariate analysis, cerebral hemorrhage as the cause of brain death ( $P=0.022$ , OR=39.652), preoperative serum creatinine of donors  $\geq 177$   $\mu\text{mol/L}$  ( $P=0.008$ , OR=57.148) and the preoperative dialysis time of recipients  $\geq 12$  months ( $P=0.060$ , OR=15.060) were independent risk factors for DGF development.

Conclusion: The independent risk factors for DGF are the cause of brain death, the terminal creatinine level, and the preoperative dialysis time.

Keywords: donation after cardiac death kidney transplantation delayed graft function risk factor

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