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论著

158例亲属活体肾移植的临床研究

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摘要
目的:分析亲属活体肾移植资料,总结亲属活体肾移植的经验。方法:158例亲属活体肾移植中除7例为夫妻间供肾外其余为血缘亲属供肾。供、受者HLA有5个抗原错配者2例,4个抗原错配5例,3个抗原错配88例,2个抗原错配50例,1个抗原错配12例,无抗原错配1例。158例供者均经开放手术取肾。35例取供者右肾,123例取左肾,术后采用环孢素A(CsA)或普乐可复（FK506)、霉酚酸酯（MMF)及强的松（Pred)免疫抑制治疗。结果:所有158例供者均健康存活,6个月和1年时血肌酐正常。受者健康存活最长者至2008年6月已达10年, 1年带肾健康存活率95.5%,5例发生移植肾功能延迟恢复(DGF),其中4例2~5周肾功能恢复正常。死亡5例,其中1例术后发生DGF,透析期间死亡,另4例术后3~5月因肺部感染死亡。1例发生超急性排斥反应,术中切除移植肾脏,行第2次尸体肾移植。5例在移植后1月内发生急性排斥反应,发生率为3.16%,其中4例经甲基强的松龙（MP)冲击治疗后逆转,另1例合并CsA肾中毒,治疗无效,恢复透析治疗。3例1年半至3年半发生慢性排斥,移植肾丧失功能。8例发生肺部感染,4例治愈。结论:活体肾移植由于术前准备充分、组织相容程度高、供肾质量好等优点,使DGF和急性排斥反应等发生率低,人肾存活率高。活体亲属供肾移植同样要重视DGF的预防,排斥反应的防治,免疫抑制剂的合理使用和继发感染等并发症的防治。加强对活体家属供者的规范选择和全面的健康评估、加强长期随访对保证减少供者伤、使供者健康存活、正常生活工作非常重要。

关键词　肾移植；活体；供者；　效果
分类号

Living-related donor kidney transplantation in 158 patients

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Abstract
ObjectiveTo introduce clinical experience for living-related donor kidney transplantation (LDKT) by reviewing LDKT clinical data.MethodsA total of 158 patients underwent LDKT. Expect for 7 patients donated by their spouses,the others had blood relationship donors. Donor-recipient HLA matching showed 2 patients had 5-loci mismatch, 5 with 4-loci mismatch,88 with 3-loci mismatch,50 with 2-loci mismatch,12 with 1-loci mismatch,the other 1 with 0-loci mismatch. All of the 158 donors underwent open nephrectomy,35 of whom donated the right kidneys and the other 123 donated the left kidneys. Triple immunosuppressive regimen consisted of calcineurin inhibitors or FK506,MMF or AZa,and steroid.ResultsAll donors were healthy after the operation. All donors were followed up for 6 to 12 months and blood exams showed that inosine levels were normal. The longest kidney transplant functional survival time was 10 years to up June 2008. The one year patient/graft survival rate was 95.5%. Delayed graft function (DGF) occurred in 5 patients, 4 of whom recovered in 2~5 weeks. Five patients died, 4 of whom died of post-operational pulmonary infection within 3~5 months, with no transplantational complications. The other one died of pulmonary bleeding during dialysis while treating for DGF. One patient received a second deceased kidney transplant because of hyperacute rejection during the surgery. Five developed acute rejection 1 month after the operation (incidence rate 3.16%), 4 of whom were cured by administration of methylprednisolone, and the other one returned to dialysis because of renal toxicity of cyclosporine. Three patients had positive chronic rejection, 2 of whom lost graft function in 1.5~3.5 years. Eight patients developed pulmonary infection and 4 of them were cured.ConclusionSufficient LDKT pre-operational assessment, satisfactory tissue matching and reduced ischemia time may result in lower incidence of DGF, acute rejection and higher patient/graft survival rate. In LDKT, importance should also be attached to the prevention of DGF and graft rejection. Rational dosage of immunosuppressants is advocated to prevent secondary infective complications. Donor specifications and all around evaluation of the living-related donors should also be emphasized to minimize the harm to the donors. Long term follow-up is also essential to ensure donors' post-operational healthy life.

Key words kidney transplantation living body donor effect

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