

腎臟移植的熱門話題: Diabetes Mellitus in Kidney Transplantation

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Despite the continued improvement in short-term graft survival after kidney transplant, improving long-term graft and patient survival is still a major challenge in transplant medicine to date. Both pretransplant risk factors and early post-transplant complications have been shown to influence long-term outcomes after kidney transplant, such as pretransplant co-morbidity, acute rejection [AR] diabetes mellitus (DM), delayed graft function, BK virus infection, and cytomegalovirus infection.

Diabetes mellitus is the leading cause of end stage renal failure. Pretransplant diabetes mellitus [PDM] has been shown to be associated with inferior transplant outcomes, and new-onset diabetes after transplant [NODAT] is an emerging risk factor for inferior transplant outcomes. Among the early post-transplant complications, AR has been shown to be a strong risk factor for long-term graft failure. The advance in immunosuppression has dramatically decreased AR rate in kidney recipients, however there was no significant improvement in long-term graft survival. There is potential interaction between AR and NODAT. Specific immunosuppressive agents, commonly used both to prevent and to treat AR, are diabetogenic. The development of AR, NODAT, and diabetes control are potentially modifiable by immunosuppressive protocol. The understanding of their differential effects on transplant outcomes may help to modify immunosuppressive strategies to improve long-term outcomes.

In the conference, we summarized the risk factors for NODAT in kidney transplantation, the association of PDM, NODAT, AR and kidney transplant outcomes, and the effects of combined pancreas and kidney transplantation (SPK, PAK) on

outcomes of diabetic recipients