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(收稿日期: 2014–10–20)

姚丹华, 李幼生, 黎介寿. 联合器官移植的研究进展 [J/CD]. *实用器官移植电子杂志*, 2014, 2 (6): 332–335.

• 国外医学之窗 •

采用心脏死亡捐献供体的肝肾联合移植手术预后

近年来肝肾联合移植 (SLK) 手术量较前明显增加, 而供体的缺乏催生了心脏死亡捐献供体 (DCD) 的应用, 但其在 SLK 应用的效果尚不明确。美国的学者回顾性分析了美国器官共享网络 (UNOS) 登记的 SLK 病例, 比较 DCD 与脑死亡捐献供体 (DBD) 的预后, 总结影响患者及移植物存活率的供受体因素。2002 年至 2011 年间共 3 026 例接受 DBD 的 SLK 患者, 而接受 DCD 者为 98 例。DCD 组移植肾 1、3 和 5 年的存活率分别为 67%、57% 和 51%, 低于 DBD 组的 81%、72%、65% ($P = 0.0056$)。DCD 组移植肝的 1、3 和 5 年的存活率分别为 68%、58% 和 51%, 低于 DBD 组的 82%、73% 和 66% ($P = 0.0035$)。DCD 组患者 1、3 和 5 年生存率分别为 72%、64% 和 57%, 也低于 DBD 组的 84%、75% 和 69% ($P = 0.0205$)。采用 Cox 模型多因素分析发现, DCD 是导致移植肝 [风险比 (HR) = 1.60, $P = 0.0066$]、移植肾 ($HR = 1.49$, $P = 0.0205$) 移植物功能丧失和受者死亡 ($HR = 1.49$, $P = 0.0349$) 的独立危险因素, 影响移植物及受者存活的受者高危因素包括非洲裔黑人、糖尿病、接受呼吸机治疗、移植物功能延迟恢复、肝癌以及入住重症监护病房 (ICU) 治疗。此外, 供体高龄也是导致不良预后的危险因素。由此得出结论, 虽然 DCD 供体的 SLK 预后比 DBD 供体差, 但患者术后 5 年生存率可高于 50%, 仍然是可供选择的供体方式。

郑卫萍, 编译自《Transplantation》, 2014–08–12. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25119134>