

移植後再発肝炎の治療

Study	Year	Treatment	N	Response	
				Biochemical	Viral
Wright	1994	IFN	18	28%	0
Feray	1994	IFN	14	14%	7%
Vargas	1995	IFN	7	0	0
Gane	1996	IFN	14	42%	0
Catral	1996	Ribavirin	9	53%	0
Gane	1996	Ribavirin	14	93%	0
Lavezzo	1999	IFN+Ribavirin	40	40%	22%
Gotz	1998	IFN+Ribavirin	10	50%	10%
Mazzafero	1997	IFN+Ribavirin	21	100%	41%
Menon	2002	IFN+Ribavirin	26	NA	31%
Bizzoloni	1997	IFN+Ribavirin	21	100%	48%

Table 1. Factors Potentially Associated With Fibrosis Progression in Patients With Recurrent HCV Following Liver Transplantation

<p>Viral factors</p> <ul style="list-style-type: none"> Prolonged low serum HCV RNA level immediately after transplantation Serum HCV RNA level immediately before transplantation HCV genotype Serum level of HCV RNA Prior nonresponse to IFN and RBV therapy <p>Host and donor factors</p> <ul style="list-style-type: none"> HLA compatibility with graft Failure of IFN therapy before undergoing liver transplantation Living donor liver transplantation Older age of donor graft <p>Factors associated with immunosuppression</p> <ul style="list-style-type: none"> Type of immunosuppression Acute rejection Steroid-resistant rejection Use of monoclonal antibody preparations for induction or treatment of rejection Chronic rejection
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今後の課題

(移植前)

- 抗ウイルス療法の可否

(移植周術期)

- 生体肝移植は問題か？
- 提供者の選択基準（年齢、HLA）
- 免疫抑制剤（Steroid、抗IL-2R抗体、OKT3、代謝拮抗剤、FK or CyA）

(移植後の免疫抑制)

- 免疫抑制剤（Steroid、FK or CyA）

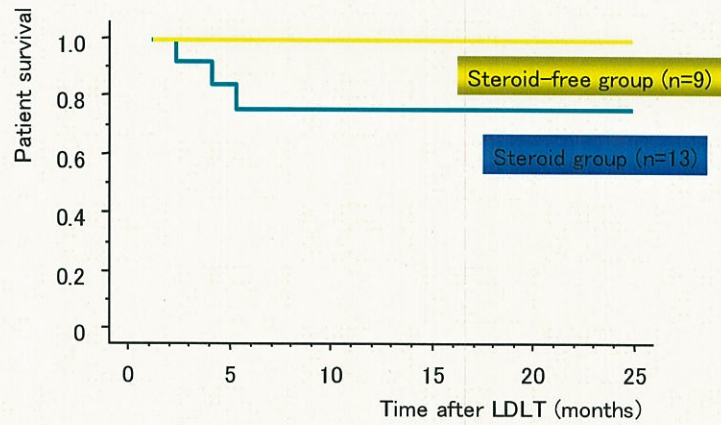
(抗ウイルス療法)

- 何を、どのくらい、いつから始めるか？
- 治療中止例対策

免疫抑制剤

	Steroid-free group (n=9)	Steroid group (n=13)
Initial calcineurin inhibitor (Tacrolimus/Cyclosporin A)	4/5	12/1
Anti IL-2 receptor monoclonal antibody (Basiliximab/Daclizumab)	8/1	2/2
Mycophenolate mofetil on LDLT	9 (100 %)	10 (76.9 %)
Concentration of CNI (ng/ml)		
Day 14 (Tacrolimus/Cyclosporin A)	10.9/333	10.8/204
Day 28 (Tacrolimus/Cyclosporin A)	9.8/236	11.7/210
Day 90 (Tacrolimus/Cyclosporin A)	7.0/192	7.2/190
Day 180 (Tacrolimus/Cyclosporin A)	6.2/167	6.0/249

患者生存率



ACR-free

