

Model Prediktif Obstruksi Ureter Ginjal Allograft Setelah Transplantasi Ginjal Donor Hidup = Predictive Model of Ureteral Obstruction of Allograft Kidney Following Living Donor Kidney Transplantation

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Abstrak

Pendahuluan dan tujuan: Obstruksi ureter adalah salah satu komplikasi urologi yang paling sering dari transplantasi ginjal. Penelitian ini bertujuan untuk menganalisis faktor-faktor independen yang berkontribusi terhadap obstruksi ureter setelah transplantasi ginjal dan mengembangkan model prediksi dari faktor-faktor tersebut.

Metode: Sebanyak 545 transplantasi ginjal dianalisis. Pasien menjalani transplantasi antara Januari 2014 dan Desember 2018. Analisis regresi logistik digunakan untuk mengembangkan model prediksi. Kedua karakteristik demografis donor dan resipien serta parameter operasi dianalisis dan disajikan.

Hasil: Terdapat 37 (6,8%) subjek yang mengalami obstruksi ureter. Faktor risiko independen untuk obstruksi ureter adalah arteri ginjal allograft multipel, usia donor yang lebih tua (>38 tahun), dan usia resipien yang lebih tua (>60 tahun). Dari analisis kurva receiver operating characteristic (ROC), area di bawah kurva ROC model prediktif adalah 0,843 ($P < 0,001$). Subyek dengan >2 arteri ginjal allograft, usia resipien >60 tahun, dan usia donor >38 tahun memiliki kemungkinan 83,8% untuk mengalami stenosis ureter setelah transplantasi ginjal.

Kesimpulan: Usia donor, usia resipien, dan arteri multipel merupakan faktor risiko independen dari obstruksi ureter graft. Probabilitas berkembangnya obstruksi ureter harus dipertimbangkan sebelum operasi pada populasi kami, menggunakan model prediksi yang diusulkan

.....**Introduction:** Ureteral obstruction is one of the most frequent urologic complications of kidney transplantation. This study aimed to analyze independent factors that contribute to ureteral obstruction following kidney transplantation and develop predictive models from those factors.

Methods: As many as 545 kidney transplantations were analyzed. Patients underwent transplantation between January 2014 and December 2018. Logistic regression analysis was used to develop the predictive model. Both donor and recipient demographic characteristics and operative parameters were analyzed and presented.

Results: There were 37 (6.8%) subjects who developed ureteral obstruction. The independent risk factors for ureteral obstruction were multiple allograft renal arteries, older donor ages (>38 years), and older recipient age (>60 years). From the receiver operating characteristic (ROC) curve analysis, the area under the ROC curve of the predictive model was 0.843 ($P < .001$). Subjects with >2 renal allograft arteries, recipient age >60 years, and donor age >38 years had 83.8% probability of developing ureteral stenosis after kidney transplantation.

Conclusion: Donor age, recipient age, and multiple renal arteries were independent risk factors of graft ureteral obstruction. Probability of developing ureteral obstruction should be considered pre-operatively in our population, using the proposed predictive model.