Cho EJ[o1], Oh JM[1], Yoo JH[2], Han DJ[3]

[1] Graduate School of Clinical Pharmacy, Sookmyung Women's University, [2]Department of Internal Medicine, Asan Medical Center, Ulsan Medical School [3]General Surgery, Asan Medical Center, Ulsan Medical School

Renal transplantation has been established as the best treatment for patients with end stage renal disease. However infection due to use of immunosuppressive agents is the one of the biggest problems of transplantation. The patterns of infection depend on etiologies and many factors. The purpose of this study was to review pneumonia and wound infection episodes along with CNS and central line infection occurring within 1 year of kidney transplantation. The patients who had received renal transplantation in year 1998 were compared to patients of 1993-94 to see if the time difference of 4-5 years have effects on the infection patterns. Among the 122 patients who had received kidney transplantation in years 93-94, there were 11 episodes of pneumonia in 10 patients (8.2%) and 14 episodes wound infection in 12 patients (9.8%). Among the 113 patients who had received kidney transplantation in year 98, there were 13 episodes of pneumonia in 10 patients (8.8%) and 10 episodes of wound infection in 9 patients (8.0%). There were no episodes of CNS and central line infection in both 1993-94 and 98. In 93-94 most cases of pneumonia (8 out of 11) and wound infection (10 out of 14) occurred within one month of renal transplantation, and in 98 also most cases of pneumonia (6 out of 13) and wound infection (10 out of 10) occurred within one month of renal transplantation. The main etiologies of pneumonia were Klebsiella pneumoniae (28.6% in 93-94, and 19% in 98) Pseudonomas aeruginosa (21.4%, 0%), Staphylococcus epidermidis (7.1%, 14.3%), and Staphylococcus aureus (7.1%, 9.5%). The main etiologies of wound infection were Staphylococcus epidermidis (47.1% in 93-94, 5.6% in 98), Pseudonomas aeruginosa (17.6%, 16.7%), and Staphylococcus aureus (5.9%, 16.7%). There were no significant differences in infection rates of pneumonia and wound infection between years of 93-94 and 98 (p=0.858, 0.615). Also, no significant differences in infection rates of pneumonia and wound infection between 2 groups were found in patients with rejection and without rejection, patients who used OKT3 to treat rejection and who did not, patients with cadaveric renal transplantation and with living renal transplantation. In 93-94 and 98, the infection rates of pneumonia were higher in patients with rejection episodes than without rejection episodes (20% vs 5.2%, 25% vs 6.2% respectively). In 93-94, the infection rates of wound infection were significantly higher (p=0.024) in patients who used OKT3 to treat rejection than who did not (37.5% vs 0%). In 98, only one person used OKT3 to treat rejection. In 98, the infection rates were higher in patients with cadaveric renal transplantation (10.8%) than with living renal transplantation (25.6%), however there were no differences in 93-94.

[PF1-4] [10/19/2000 (Thr) 10:00 - 11:00 / [Hall B]]

The Effects of Lamivudine Therapy in Chronic Hepatitis B Patients

Kyun JO[o1], Oh JM[1], Cho SW[2]

[1]Graduate School of Clinical Pharmacy, Sookmyung Women's University, [2]Internal Medicine, Ajoo University Medical Center

Lamivudine, an oral nucleoside analogue, effectively inhibits hepatitis B virus replication and reduces hepatic necroinflammation in patients with chronic hepatitis B. Although lamivudine has shown a promise in patients with chronic hepatitis B, long-term data on Korean patients with hepatitis B are lacking. The purpose of this study is to evaluate the effects and safety of 52-week lamivudine therapy in Korean patients with chronic hepatitis B. Twenty-nine patients who had received 100mg of oral lamivudine daily for 52 weeks were evaluated, retrospectively.

The mean age of 29 patients in the study group was 37.7±8.9 years (range 54-57) and of 29 patients 27 patients (93%) were male. Pretreatment HBV PCR and HbsAg were positive in all 29 patients, and HbeAg were positive in 25 patients (86%).

The serum HBV DNA of 28 patients (97%) significantly fell to undetectable levels (<5pg/ml) within 12 weeks, and it remained undetectable in 24 patients (83%) by the end of 52-week therapy. Mean serum ALT levels of 29 patients declined to the normal range within 12 weeks and remained within the normal range during the evaluative period. The proportions of patients with HBeAg seroconversion (loss of HBeAg, development of antibody to HBeAg, and undetectable HBV DNA) were 40% after 52-week therapy. The differences of response to lamivudine therapy in HBeAg-positive and HBeAg-negative patients were negligible ($p>0.05$). Besides, the study showed that pretreatment serum HBV DNA and ALT levels have no effect to the efficacy of lamivudine therapy ($p>0.05$). Further comparison of lamivudine's efficacy between patients with cirrhosis and without cirrhosis showed that the therapy is just as efficacious in patients with cirrhosis as without cirrhosis. In conclusion, lamivudine is an effective and safe therapy for the treatment of chronic hepatitis B in Korean patients. However, further study is needed to determine the adequate and appropriate duration of lamivudine therapy due to high recurrence rate of the disease with chronic lamivudine therapy.

[PF1-5] [10/19/2000 (Thr) 10:00 - 11:00 / [Hall B]]

Efficacy of Hormone Replacement Therapy on Lipid Profile and Bone Mineral Density in Postmenopausal Women: Continuous vs. Sequential Treatment

Lee CY, Lee SH

Graduate School of Clinical Pharmacy, Sookmyung Women's University

Menopausal women experience urogenitory and vasomotor symptoms with increased risk of osteoporosis and cardiovascular diseases, which can be reduced by hormone replacement therapy. However unopposed estrogen therapy has been associated with an increased risk of endometrial hyperplasia or cancer. The objectives of this study were to assess efficacy and safety of hormone replacement therapy, and compare continuous to sequential treatment. The other objective was to assess the perception of menopause and hormone replacement therapy in Korean menopausal women.
In this retrospective study, women with longer than 6 months of monopause, normal in the mammogram and Papanicolaou smear, cholesterol level lower than 190 mg/dL or triglyceride level lower than 500 mg/dL were treated with Srogen (conjugated equine estrogen 0.625mg tablet) and Provera (medroxyprogesterone acetate 2.5mg tablet) for continuous treatment or Cycloprogynova (Estradiol valerate 2mg and Norgestrel 0.5mg complex tablet) for sequential treatment. They were evaluated for menopausal symptoms, lipid profile, bone mineral density, side effect of hormone replacement therapy and their perception of menopause and hormone replacement therapy.
As a results, total sixty-seven patients out of ninety-four enrollees were included in final analysis (33 in continuous therapy, 34 in sequential therapy). There were significant decreases in total cholesterol(15.04 ± 3.17, $p=0.0001$), LDL cholesterol(19.72 ± 3.27, $p=0.0001$), and increase in HDL cholesterol(5.89 ± 1.63, $p=0.0001$). Bone mineral density increased significantly after treatment (0.02 ± 0.11, $p=0.0001$). But, there were no significant differences between continuous and sequential therapy. Incidences of flush and urinary frequency were less than 10% in both groups. Menopausal women recognized the necessity of hormone replacement therapy(70%) without exact knowledge of cardiovascular protective effect.
In conclusion, hormone replacement therapy was effective in improving lipid profile, bone mineral density and menopausal symptoms in both continuous and sequential treatments with similar efficacy.

[PF1-6] [10/19/2000 (Thr) 10:00 - 11:00 / [Hall B]]

Comparison of efficacy between micronised - and non-micronised fenofibrate in type 2 diabetic patients with dyslipidemia

Shin HY[o1], Shin HT[1], Oh JM[1], Kang MH[2]