

## 혈액투석환자에서 발생한 메트로니다졸-유발 독성 뇌병증 1예

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### Metronidazole-Induced Toxic Encephalopathy in A Hemodialysis Patient

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Metronidazole is active against a broad array of anaerobes, protozoa and microaerophilic bacteria. Clostridium spp. are usually susceptible to metronidazole. Hemodialysis (HD) may increase the clearance of metronidazole. Metronidazole generally distributes effectively penetrates the blood- brain barrier. So it may produce various neurological adverse events, including peripheral neuropathy, encephalopathy, cerebellar dysfunction, and seizures especially at dosages exceeding 2 g/day for prolonged periods. Although several cases of metronidazole- induced encephalopathy have been reported, to our knowledge, there is rare in patients undergoing HD. A 76- year- old man, who had been diagnosed as chronic renal failure (CRF) 10 years previously and had been undergoing HD was hospitalized with complaint of progressive hematochezia for one week. Sigmoidoscopy revealed multiple ulcerative and necrotic lesions on entire sigmoid colon. Based on these findings, he was diagnosed as ischemic colitis resulting from hypovolemic change during HD. He was started on parenteral nutrition through a central venous catheter and was treated with the intravenous ceftriaxone once a day with metronidazole at over three times the usual dose. Two weeks later, he suddenly developed intentional tremor and dysarthria. Cranial nerve examination findings revealed normal findings, except severe dysarthria. He became drowsy and a delayed response to verbal commands. Brain computerized tomography with angiography showed diffuse cortical atrophy and severe stenosis of right proximal internal carotid artery. But imaging findings could not explain for patient

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