

급성 복증 소견을 보인 신증후출혈열 1예

국군양주병원 내과

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Unusual Presentation of Acute Abdomen in Hemorrhagic Fever with Renal Syndrome: A Report of One Case

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Hemorrhagic fever with renal syndrome (HFRS) frequently cause abdominal pain with tenderness; therefore this is occasionally misdiagnosed as surgical abdomen. A 20-year-old male presented with abdominal pain for 2 days. He also had suffered from fever since 7 days ago. Abdominal computed tomography showed ascites along both paracolic gutters, mesentery and paravesical spaces. Hantaan virus infection was demonstrated by serology. After conservative treatment, the patient with HFRS spontaneously improved. We report a case of HFRS presented unusual presentation of acute abdomen

Key Words : 신증후출혈열, 급성복증, 복수

Hemorrhagic fever with renal syndrome, Acute abdomen, Ascites

	Normal range	Day 1	Day 3	Day 5	Day 7	Day 10	Day 15	Day 17
SBP/DBP		140/90	130/80	130/85	140/100	135/95	125/90	130/80
BT (°C)		37.1	36.8	36.7	36.8	36.7	36.6	36.7
WBC (/ μ L)	4000-10000	12600	6900	7040	6700		6660	
Hb (g/dL)	12.0-14.0	14.5	12.6	13.5	14.1		13.2	
Platelet (\times 1000/L)	140-400	67	104	308	394		275	
BUN (mg/dL)	10.0-26.0	20.5	20	13.1	7.4	6	8	10.4
Creatinine (mg/dL)	0.7-1.4	1.8	2	1.6	1.3	1.1	0.7	0.9
AST (IU/L)	< 40	186	68		32		51	
ALT (IU/L)	< 40	146	111		57		60	
Albumin (g/dL)	3.5-5.2	3.3	3		3.5		4.1	
Urine volume (mL/day)		1590	6120	10770	7490	3700	4200	2700
Urine protein		3+	negative		negative		negative	
Urine blood		negative	negative		negative		negative	

