자가면역성 췌장염 환자에서 동반된 신장 침범의 1례

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A Case of Renal Involvement in a Patient with Autoimmune Pancreatitis

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Autoimmune pancreatitis (AIP) is a rare disease characterized by chronic pancreatitis, increased serum gamma-immunogloblin, and good response to steroid therapy. Although AIP has been described as a primary pancreatic disorder, various extrapancreatic lesion and association of other autoimmune diseases have been reported. Renal involvements have been introduced in patients with AIP, but the numbers of reports were a few. We report here a case of renal involvement in a patient who was diagnosed as chronic pancreatitis, which findings was consistent with autoimmune pancreatitis.

63 year-male presented with fever and intermittent abdominal pain, which sustained for more than 1 month. He was diagnosed as autoimmune pancreatitis 3 years before the admission, and withdrawn steroid treatment 1 year ago. Body temperature was 38.2℃ and he looked pale. He presented with eosinophilia (total WBC count 22,100/uL (eosinophil 65%, 14,365/uL)), elevated serum creatinine (3.02 mg/dL), proteinuria (899.3 mg/day), high serum IgG level (IgG/IgG1/IgG2/IgG4 4,470/1,130/2,500/1,630 mg/dL), RF 551.2 IU/mL, and multiple lymphadenopathies on abdominal CT. Kidney biopsy showed interstitial nephritis and membranous nephropathy with lymphoplasmacytic interstitial infiltration, and positive IgG4, Lambda, Kappa deposition in glomerular capillary walls and interstitium on immunofluorescence stain. Steroid therapy showed to be effective; serum creatinine and IgG level decreased, eosinophilia and proteinuria improved, and lymphadenopathies improved too.

This case supports that interstitial nephritis and membranous nephropathy can be a feature of AIP, or in a more comprehensive concept, a feature of IgG4-related systemic disease.

Key Words : 자가면역성 췌장염, 단백뇨, 신염
Autoimmune pancreatitis, Proteinuria, Interstitial nephritis