

다양한 간외증상을 동반한 전격성 A형 간염의 1례: 급성 신손상, 순수 적혈구 무형성, 자가면역성 용혈성 빈혈, 혈관염, 급성 췌장염

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Case of Fulminant Hepatitis A with Multiple Extrahepatic Manifestations: Acute Kidney Injury, Pure Red Cell Aplasia Autoimmune Hemolytic Anemia, Vasculitis and Acute Pancreatitis

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Hepatitis A infection usually results in an acute, self-limited illness and only rarely leads to fulminant hepatic failure. Extrahepatic manifestations of hepatitis A are also uncommon. But, we experienced a fulminant hepatitis A case that developed various extrahepatic manifestations. The patient was a 33-year-old man and had no risk factors for fulminant hepatitis A. He was referred to this hospital because of fulminant hepatitis A. During the hospitalization, various extrahepatic manifestations developed successively. Acute renal failure occurred almost simultaneously and needed renal replacement therapy for 3 weeks. Pure red cell aplasia and autoimmune hemolytic anemia were detected at 3 weeks after admission. At 5 weeks and 6 weeks after admission, acute pancreatitis and cutaneous vasculitis manifested respectively. In the case, various factors were considered as causes of prolonged acute kidney injury. He suffered from anorexia, nausea and vomiting associated with hepatitis itself and pancreatitis. He had hyperbilirubinemia and intravascular hemolysis. Combination of these events might be an obstacle to early recovery of acute kidney injury.

In conclusion, this case is a very rare event in which an adult experienced multiorgan dysfunction secondary to hepatitis A infection comprising of fulminant liver failure, acute kidney injury, hematologic abnormalities, cutaneous vasculitis, and pancreatitis. His clinical course seems to suggest immune complex system activation by HAV. Therefore, we have to consider various extrahepatic manifestations associated with immune complex in patients with fulminant hepatitis A.

Key Words : A형 간염, 급성 신손상, 간외증상

Hepatitis A, Acute kidney injury, Extrahepatic manifestations