

## 신이식 후 발생한 원인 미상의 transient hyperphosphatasemia

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### Transient Isolated Idiopathic Hyperphosphatasemia in Adult after Renal Transplantation: A Case Report

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Transient hyperphosphatasemia (TH) in infancy is characterized by isolated elevation of serum alkaline phosphatase (ALP), occurring mainly in children under 5 years-old, with no evidence of liver or bone disease, and a return to normal levels within 4 months. Few cases are reported in adult. We experienced TH in adult patient after renal transplantation.

A 54-year-old woman was regularly being followed up at renal outpatient clinic 4 years after renal transplantation. Her underlying disease was chronic glomerulonephritis. She was taking immunosuppressive drugs with cyclosporine and mycophenolate mofetil. ALP was increased to the 909 IU/L (35–130 IU/L), a seven-fold increase, on the routine laboratory examination. The serum parathyroid hormone level was 61.51 pg/mL (normal: 15–65 pg/mL). Tumor markers were normal levels: CEA 2.46 ng/mL;  $\alpha$ -FP 3.67 ng/mL; CA 19-9 27.66 IU/mL; CA 125 22.86 IU/mL. The other serum parameters were within normal ranges. She had no symptoms, no relevant clinical signs, no evidence of acute infection and acute or chronic gastrointestinal disease. Lymph node enlargement was not detected on physical examination. No malignancy was detected on ultrasonographic examination of the abdomen. A Bone scan showed no evidence of bone pathology. ALP isoenzymes analysis by electrophoresis showed patterns similar to those seen in TH of infancy and childhood. ALP levels spontaneously returned to 200 IU/L 4 weeks after diagnosis.

We should differential diagnose from the other diseases triggering hyperphosphatasemia including malignancy, infection, bone disease and liver disease even though isolated hyperphosphatasemia in renal transplantation patient may be benign condition.

**Key Words :** ALP, 신이식

Transient hyperphosphatasemia, Renal transplantation, Benign