

신증후군과 연관된 기무라씨 병 1례

서울시립북부노인병원 내과¹, 서울대학교병원 신장내과²

이향림¹ · 구호석² · 선휘경² · 김동기² · 오국환² · 진호준² · 주권욱² · 김연수² · 김성권²

Nephrotic Syndrome Associated with Kimura Disease : A Case Report

Hyang Lim Lee¹, Ho Seok Koo², Hui-Kyoung Sun², Dongki Kim², Kook-Hwan Oh²
Ho Jun Chin², Kwon Wook Joo², Yon Su Kim², Suhngwon Kim²

Seoul Bukbu Geriatric Hospital Department of Internal Medicine¹
Seoul National University Hospital Department of Internal Medicine Division of Nephrology²

Kimura disease, often accompanied by nephrotic syndrome, is a rare, chronic inflammatory disease that affects subcutaneous tissue and lymph nodes of the head and neck region. In previous retrospective studies, renal biopsy revealed mainly mesangial proliferative glomerulonephritis, or minimal change disease.

A 62-year-old Asian man admitted with nephrotic syndrome, a large mass on medial aspect of right upper arm, enlarged lymph node on axilla and inguinal area. He also has massive proteinuria (9 g/day), Eosinophilia (75%) and azotemia (creatinine 1.7 mg/dL). The kidney biopsy revealed immune-mediated glomerulonephritis, morphologically consistent with membranoproliferative glomerulonephritis. The right upper arm mass and inguinal lymph node biopsy revealed lymphoid follicular hyperplasia with prominent eosinophilic infiltration. This is a consistent finding in Kimura disease. After steroid therapy, eosinophil count was normalized (1.3%) and creatinine level returned to normal range (creatinine 1.1mg/dL). And Rt arm mass was spontaneously resolved without operation. The amount of proteinuria decreased to 300mg a day after 3 months of steroid therapy and further decreased to 80mg a day after 8 months.

Key Words : 신증후군, 기무라씨병, 막증식성 사구체 신염

Nephrotic syndrome, Kimura disease, Membranoproliferative GN