

혈액투석 환자에서 발생한 고립성 아스페르길루스 갑상선염

가톨릭대학교 의과대학 내과학교실

정성진 · 박철휘 · 김비로 · 임지희 · 김민영 · 강석휘 · 정현화 · 김형욱 · 김용수 · 장윤식

Isolated Aspergillus Thyroiditis in a Hemodialysis Patient

Sungjin Chung, Cheol Whee Park, Biro Kim, Ji Hee Lim, Min-Young Kim
Seok-hui Kang, Hyun Wha Chung, Hyung Wook Kim, Yong Soo Kim, Yoon Sik Chang

Department of Internal Medicine College of Medicine The Catholic University of Korea

Introduction : Thyroid invasion by Aspergillus species is rarely diagnosed antemortem. Isolated fungal infection of the thyroid gland without signs of disseminated disease has been little reported.

Case : A 30-year-old woman presented with a progressively enlarging anterior neck mass with painful swelling, local warmth and skin erythema. The patient had a 3-month history of hemodialysis with renal failure due to lupus nephritis. Monthly cyclophosphamide pulse therapy and daily oral prednisolone were started. The results of thyroid studies were as follows: T3, 0.94 ng/mL; T4, 16.24 μ g/dL; free T4, 4.05 ng/dL; TSH, 0.02 mIU/L; TSH receptor antibody, 0.73 U/L; anti-thyroglobulin antibody, 2.47 IU/dL, and anti-thyroid peroxidase antibody, 6.67 IU/dL. A thyroid scan revealed large photon defects in both thyroid glands. At that time, subacute thyroiditis was considered to be the most probable diagnosis, and the daily dose of oral prednisolone was increased to 60 mg. The patient complained of nervousness, irritability, hyperactivity and palpitation, and a β -adrenergic blocker and propylthiouracil were administered. When the patient revisited our clinic three weeks later, she complained of a progressively enlarged thyroid and respiratory distress. Subsequent respiratory failure required endotracheal intubation and mechanical ventilation. An emergent thyroidectomy was performed. The entire thyroid gland from a total thyroidectomy revealed infectious thyroiditis with suppurative inflammation, abscess formation, and considerable tissue destruction. Septate hyphae, $<5 \mu$ m in thickness, with branching at acute angles were identified. Blood vessels were invaded by the hyphae of the fungus. These findings were consistent with a fungal thyroiditis caused by Aspergillus. There was no evidence that aspergillosis was involved in the other organs, with negative blood and sputum cultures. Intravenous liposomal amphotericin B was introduced, which was switched to oral voriconazole on the day of discharge 2 weeks after the initiation of amphotericin B. The patient could discharge with thyroid hormone replacement 10 days after surgery.

Conclusion : This report presents the successful treatment of isolated Aspergillus thyroiditis in a 30-year-old woman with end-stage renal disease due to lupus nephritis treated with hemodialysis and describes the thyrotoxicosis produced by the infection.

Key Words : 갑상선염, 아스페르길루스, 혈액투석
Thyroiditis, Aspergillus, Hemodialysis