

혈액투석 환자에서 요독증에 의해 발생한 종격동 내 자발 출혈

명지병원 내과

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Spontaneous Mediastinal Hemorrhage in a Patient with End Stage Renal Disease: An Unusual Case of Uremic Bleeding

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Spontaneous mediastinal hemorrhage is a rare disease, and associated with specific underlying conditions such as bleeding into a mediastinal organ, thoracic trauma or secondary to bleeding tendency. Uremia is one of the predisposing conditions for hemorrhage. Although the exact mechanisms have been unknown, several factors associated with uremic bleeding were suggested. Numerous platelet abnormalities that contribute to altered platelet–vessel wall adhesion and defective platelet–platelet aggregation have been proved to be the major causes of uremic bleeding. The most common bleeding focus in uremic patients is upper GI tract. The incidence of hemorrhage from lower GI tract and stroke is also increased among patients with ESRD. Other unusual sites have been reported in uremic bleeding including acalculous cholecystitis and hepatic subcapsular hematoma. But mediastinal hemorrhage has not been previously described. Here, we report a unique case of uremic bleeding with mediastinal hemorrhage in a patient maintaining HD. A 51-year-old male with ESRD associated with hypertensive nephrosclerosis, who had maintained hemodialysis (HD) thrice weekly in outpatient clinic for 7 years, presented for dyspnea. Prominent vascular markings that implied pulmonary edema and haziness on right lower lung were observed on chest X-ray. Oxygen saturation by pulse oxymetry was 89% on room air and he was promptly intubated. He was admitted to the medical ICU after emergent HD. Although pulmonary edema and pneumonia have improved, gross hematuria developed suddenly on hospital day 10. An enhanced CT scan of the abdomen and pelvis showed large hematoma in the urinary bladder. In addition, new posterior mediastinal hemorrhage around the esophagus and aorta of unknown cause was detected on CT scan. Endoscopy demonstrated erosive gastritis with multiple shallow and tiny ulcerations on stomach, but there was no evidence of bleeding within upper gastrointestinal tract. Because platelet dysfunction was suspected to be the cause of mediastinal bleeding and bladder hemorrhage, we performed the bleeding time in the Duke method that it was prolonged to 7 minutes. His systemic bleeding tendency did not improved despite of treatments known to be effective in uremic bleeding, and he died on day 32 in the medical ICU. This case underlies the unusual and diverse manifestations of uremic bleeding.

Key Words : 요독증, 말기 신부전, 투석

Uremia, End stage renal failure, Dialysis