

## Mannitol 주입으로 발생한 급성 신부전 1예

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### A Case of Mannitol-Induced Acute Renal Failure

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We report rare case of mannitol-induced acute renal failure (ARF). A 70-year-old woman was admitted to department of neurology with diagnosis of acute hemorrhage in right thalamus, thalamocapsule, corona radiata and left pons. Total 562.5 g of mannitol was administered to reduce intracranial pressure during 3 days after admission. At third day, urine output was abruptly decreased to 57 cc during 6 hours. There was no response to intravenous furosemides and blood urea nitrogen (BUN) and creatinine was increased to 54.2 mg/dL and 5.3 mg/dL respectively. Plasma osmolality was 340 mOsm/kg and osmolar gap was 70. Serum sodium level was 118.5 mEq/L. Her mentality was deep drowsy state. Mannitol was immediately withdrawn and continuous renal replacement therapy (CRRT) was performed for the purpose of mannitol removal and volume control. Urine output was increased 6 hours later after CRRT start and her mentality was recovered. BUN and creatinine was decreased to 21.4 and 1.2 mg/dL 9th day after admission. We should keep in mind that mannitol can develop ARF and we have to start dialysis or CRRT in this case for the removal of mannitol.

**Key Words:** 만니톨, 급성신부전, 핏뇨, 혈액투석

Mannitol, Acute renal failure, Oliguria, Hemodialysis