

## 급성 신부전으로 발현된 발작성 야간 혈색소뇨증 1례

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전대홍, 강여진, 서정우, 배은진, 김현정, 장세호, 박동준

### Acute Renal Failure Initially Complicated with Hemolytic Crisis of Paroxysmal Nocturnal Hemoglobinuria

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Renal involvement is usually benign and secondary to chronic tubular deposition of hemosiderin in paroxysmal nocturnal hemoglobinuria (PNH). Some cases of acute renal failure (ARF) are reported in association with hemolytic crisis of PNH. We additionally report ARF initially complicated with hemolytic crisis of PNH. A 47-year-old man visited our emergency room with coke-color urine starting 20 days ago. Laboratory studies showed elevated BUN and creatinine level (31.1 mg/dL and 4.50 mg/dL respectively), normocytic anemia (hemoglobin, 9.2 mg/dL), normal reticulocyte production index (0.27), elevated LDH level (1452 U/L) and decreased haptoglobin level (<1 mg/dL). Peripheral blood smear did not confirm fragmented red blood cells and Coombs test was negative. Flow cytometric analysis of CD55 and CD59 expression on blood performing for rapid confirmation was consistent with PNH. Renal ultrasonogram showed no hydronephrosis and normal sized kidney. Renal biopsy demonstrated hemosiderin deposits in the tubular cells and tubular necrosis. Renal MRI findings were also compatible with renal involvement of PNH. Following methylprednisolone treatment, hemolysis prominently decreased and his BUN and creatinine level was decreased to 17.7 mg/dL and 0.74 mg/dL respectively. ARF by hemolytic crisis of PNH should be recognized when we confront unknown cause of ARF accompanying hemolysis.

**Key Words:** 급성 신부전, 급성 신세뇨관 괴사, 발작성 야간 혈색소뇨증  
Acute renal failure, Acute tubular necrosis, PNH