

혈액투석 중인 루푸스신염에 의한 말기신부전 환자에서 발생한 자발성 척추 경막외 혈종

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Spontaneous Spinal Epidural Hematoma in a Hemodialysis Patient with ESRD Secondary to Lupus Nephritis

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Introduction: Systemic lupus erythematosus (SLE) is an autoimmune connective tissue disorder with systemic manifestations including various neurological dysfunctions. One of extremely rare neurological manifestations in SLE patients is spontaneous spinal epidural hematoma (SSEH), which is usually associated with a poor outcome. Herein, we report a case of SSEH occurring in a hemodialysis patient with ESRD due to SLE.

Case: A 32-year-old woman was referred to our hospital with the sudden onset of low back and cervical pain during the hemodialysis session at a local hospital. For 2 weeks prior to this event, she had been on hemodialysis because of progressive renal failure due to lupus nephritis, which was diagnosed 12 years ago. There were no external signs of the trauma on physical examination. Laboratory investigation showed a platelet count of 68,000/mm³, prothrombin time of 13.6 sec, a partial thromboplastin time of 120 sec, a hemoglobin concentration of 11.9 g/dL, and a white cell count of 9,140/mm³ with normal ranges of markers for disease activity in SLE. A few hours after her admission, quadriplegia developed. The computed tomographic scan of the brain was normal. Cervical MRI showed a posterior epidural lesion which had intermediate signal intensity on T1-weighted images and high signal intensity on T2-weighted images between C2 and T2 level and a suspicious lesion with bright signal intensity on T2-weighted images at C2 level, which was suggestive of a recent epidural hematoma with edema in the spinal cord. The patient underwent an immediate C3-C7 hemilaminectomy with removal of epidural hematoma. During follow-up, she initially showed slight improvement in motor function of left arm. However, the patient developed pneumonia with subsequent sepsis and died 5 weeks after the initial presentation.

Conclusion: The pathogenic mechanism to explain the association between SLE and SSEH has not yet been determined. The clinicians should be aware of this rare but serious complication in patients who are on hemodialysis or have systemic disorders.

Key Words: 척추 경막외 혈종, 루푸스신염, 혈액투석

Spinal epidural hematoma, Lupus nephritis, Hemodialysis