

만성 콩팥병 환자에서 발생한 세프트리악손 유도성 급성 가역성 뇌증

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Ceftriaxone-Induced Acute Reversible Encephalopathy in a Patient with Chronic Kidney Disease

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Ceftriaxone is a third generation cephalosporin, commonly used as first-line agents in the treatment of many infections. Reversible encephalopathy is a known neurotoxic complication of cephalosporins. We describe here a case of ceftriaxone-induced acute reversible encephalopathy in a patient with renal impairment.

A 60-year old woman with chronic kidney disease was admitted for fever and dysuria. With the diagnosis of urinary tract infection, she was started on intravenous ceftriaxone 2 g daily. After 6 days of ceftriaxone, she became confused and developed myoclonus. Her liver function was normal, but her renal function deteriorated: the serum creatinine was 4.81 mg/dL at baseline while the creatinine rose up to 6.71 mg/dL when she was encephalopathic. She started hemodialysis considering the possibility of uremic encephalopathy. However, neurological symptom did not improve upon further dialysis over 2 days. There was no focal lesion on brain CT, but EEG showed semi-periodic, generalized triphasic waves at 1 to 2 Hz, localized maximally over the fronto-central regions. Ceftriaxone was then stopped. Within one day, she started to improve, and two days later, she returned to her baseline level of mental status. The repeat EEG was normal.

Although neurotoxicity of cephalosporin is increasingly recognized, the diagnosis is hampered by the broad differential diagnosis of altered mental status in patients with ongoing infection and renal impairment. This neurotoxicity should be considered in patients with chronic kidney disease or previous disease of the central nervous system, and an EEG should be performed. Early recognition of cephalosporin-induced encephalopathy and appropriate management with discontinuation of cephalosporin can result in a reversal of the encephalopathy.

Key Words: 세팔로스포린, 만성 콩팥병, 뇌증

Cephalosporin, Chronic kidney disease, Encephalopathy