P-2

혈액투석환자에서 이차성 부갑상선 기능항진증과 연관된 양측성 알킬레스 인대 자연파열 1례

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Spontaneous and Serial Rupture of Both Achilles Tendons Associated with Secondary Hyperparathyroidism in a Patient Receiving Long-term Hemodialysis

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The spontaneous and serial rupture of the bilateral Achilles tendons without history of significant trauma is an uncommon complication in long-term hemodialysis (HD) patients. The majority of these patients have additional predisposing factors, such as previous use of fluoroquinolone antibiotics or corticosteroids. This condition is generally associated with a coexisting systemic disease, including chronic kidney disease (CKD), secondary hyperparathyroidism, systemic lupus erythematosus (SLE), and diabetes mellitus (DM). Here we report a 46-year-old man who had been undergoing regular HD for 11 years. He developed a spontaneous and consecutive rupture of both Achilles tendons. Based on previous cases of tendon ruptures in uremic patients and of the patient's lack of corticosteroid or fluoroquinolone use, we believe that secondary hyperparathyroidism is the predisposing factor in this patient. The mechanism of spontaneous tendon rupture in uremic patients with secondary hyperparathyroidism seems to be related to a high parathyroid hormone (PTH) level, which results in osteolytic bone resorption at the tendon insertion site. Treatment and prevention for tendon ruptures include early surgical repair, control of secondary hyperparathyroidism, early use of vitamin D analogs, and total parathyroidectomy with or without autotransplantation of part of the parathyroid gland.

Key Words: 아킬레스 인대, 자연파열, 혈액투석
Achilles tendon, Spontaneous rupture, Hemodialysis

(1) Before surgery [Right (before 1 month), Left (present)]

(2) After surgery [Right (before 1 month), Left (present)]

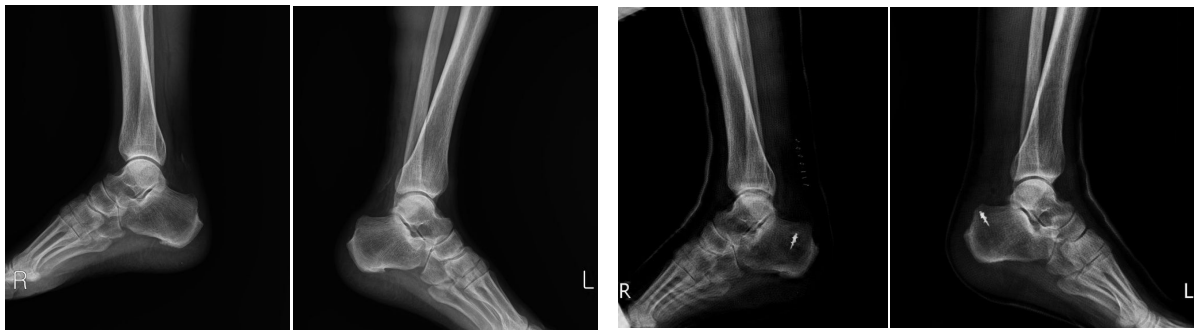


Fig. 1. Anteroposterior radiographs of both ankles showing no specific fracture line and no Kager's triangle (1) before and (2) after surgery.