

심한 신부전으로 발현된 단클론 감마글로불린혈증 1예

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Monoclonal Gammopathy of Undetermined Significance Presenting with Severe Renal Failure

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We experienced a case of 73-year-old man who denied any underlying conditions and presented with acute kidney injury and proteinuria. Laboratory data indicated renal failure and abnormal paraprotein in the serum and urine. This patient was diagnosed with monoclonal gammopathy and renal failure due to kappa and lambda light-chain deposition in the glomerular basement membrane. A renal biopsy indicated acute tubular necrosis and a cast in the renal tubule. The plasma cell counts were normal on bone marrow biopsy. After 2 months, he received maintenance hemodialysis for the irreversible renal failure. Clinical features as well as kinetic and immunological studies were consistent with the diagnosis of monoclonal gammopathy of undetermined significance. The findings of this case suggest that renal failure complicating monoclonal gammopathy of undetermined significance is not related to its malignancy.

Key Words: 단클론성 감마병증, 급성신손상, 혈액투석
MGUS, Acute Kidney Injury, HD

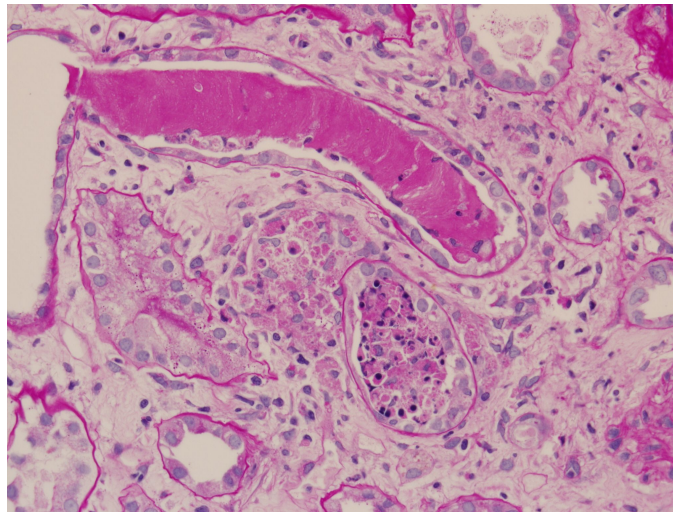


Fig. 1. A low-magnification photograph depicting large eosinophilic hyaline casts in the dilated tubular lumina (PAS stain, $\times 400$).