

## 만성신질환 환자에서 발생한 Febuxostat 유도 횡문근융해증 1예

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### Febuxostat-induced Rhabdomyolysis in a Patient with Chronic Kidney Disease

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Febuxostat is a nonpurine selective inhibitor of xanthine oxidase, is a potential alternative to allopurinol for patients with hyperuricemia and chronic gout. No dose adjustment is necessary to patients with mild to moderate renal impairment. The adverse effects of febuxostat therapy include nausea, diarrhea, arthralgia, headache, increased hepatic serum enzyme levels and rash. However, there is no report for rhabdomyolysis associated with this drug. We describe a 73-year-old patient who developed rhabdomyolysis after 10 days of febuxostat (80 mg/day) medication. He visited our emergency room due to progressive weakness in both lower extremities starting three days before. His medical history included chronic gout, hyperlipidemia, and chronic renal disease. Ten days before presentation, his primary physician had changed the prescription from allopurinol to febuxostat because of poor control of uric acid level. Cholicine (0.6 mg), rosuvastatin (10 mg) and aspirin (100 mg) was taken during several years without changes. On admission day, he could barely move his legs and was nearly bed ridden. There was tenderness on both thighs. Initial creatinine kinase (CK) and lactate dehydrogenase (LDH) were 7652 U/L (0-170 U/L) and 711 (135-225 U/L) and decreased to 302 U/L and 353 U/L 21th day after admission. His initial serum creatinine level was 2.54 mg/dL. Bone scan using <sup>99m</sup>Tc-HDP revealed that there were multiple, diffuse uptake in soft tissues of both thigh, both arm, upper back, and buttocks consistent with rhabdomyolysis. On 7th day of admission after conservative management including saline hydration and furosemide use, serum creatinine level returned to his baseline level (1.65 mg/dL) and he could ambulate on ward. Although rosuvastatin was maintained during his hospital stay and started colchicines again one month after discharge, his muscular symptom did not occur. He is following to our clinic as an outpatient without recurrence of rhabdomyolysis. In conclusion, we should keep in mind that febuxostat is associated with rhabdomyolysis and withdraw this drug as soon as early when muscular symptom occurs.

**Key Words:** 횡문근융해증, 급성신손상, 페복소스타트

Rhabdomyolysis, Acute kidney injury, Febuxostat