

라베프라졸에 의한 급성 간질성 신손상 1예

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배은진, 강여진, 황경오, 윤성은, 조현섭, 박동준, 장세호

Acute Interstitial Nephritis Secondary to Rabeprozole

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We additionally report acute interstitial nephritis induced by rabeprazole. As far as our present knowledge goes, three cases of acute interstitial nephritis by rabeprazole were reported in the literature. A 62-year-old woman presented to our department with exacerbation of dyspepsia, general weakness and loss of appetite. Three months before admission, she had had troubles with nonspecific gastrointestinal symptoms including epigastric discomfort and constipation. She was empirically prescribed mosapride (5 mg bid) and rabeprazole (20 mg) during five days one month ago. She denied other underlying diseases. On admission, she had chronic ill-looking appearance. Dipstick urinalysis revealed blood ++, protein + and no leukocytes, Serum creatinine level was 3.88 mg/dL (0.6-1.0 mg/dL). A normochromic, normocytic anemia was present (9.2 g/dL) and eosinophilia was not detected. The spot urine protein creatinine ratio was 1.1. Renal biopsy 10 days after admission confirmed acute interstitial nephritis. Prednisolone therapy (30 mg) was started during initial 4 weeks and tapered next eight weeks. Serum creatinine was normalized to 0.99 mg/dL and dipstick urinalysis did not show blood, protein and leukocytes after 12 weeks. Although acute interstitial nephritis is rare, high index of suspicion is needed when unknown etiology azotemia is presented and thorough drug history and renal biopsy should be done for definite diagnosis.

Key Words: 라베프라졸, 급성간질성신염, 급성신부전

Rabeprazole, Acute interstitial nephritis, Acute renal failure