

## 갑상선 유두암 환자에서 갑상선 호르몬 치료 중단 이후 발생한 횡문근융해증과 이로 인한 급성 신손상

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### Rhabdomyolysis-induced Acute Kidney Injury after Withdrawal of Thyroid Hormone in a Patient with Papillary Thyroid Cancer

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We describe a 54-year-old man with progressive generalized myalgia presented with acute kidney injury and rhabdomyolysis. He had undergone total thyroidectomy for papillary thyroid cancer 9 months earlier and had continued thyroid hormone replacement of 200 ug of levothyroxine. However, He recently has not taken the levothyroxine for 7 weeks by his mistake. There were no laboratory abnormalities 9 months ago. His initial laboratory tests results was as follow: serum creatine phosphokinase 6026 U/L (0-170 U/L), lactate dehydrogenase 401 U/L (135-225 U/L), myoglobin 380.3 ng/dL, BUN 18.9 mg/dL, creatinine 1.54 mg/dL, T3 19.53 ng/dL (80-200 ng/dL), TSH 100.0 mIU/L (0.27-4.2 mIU/L), free T4 0.06 ng/dL (0.93-1.70 ng/dL). So, he was re-treated with levothyroxine and volume expansion was done with normal saline infusion. His serum creatinine level and other laboratory findings were normalized after management. Other clinical symptoms and signs improved within 8 weeks. We suggest that hypothyroidism be considered in the differential diagnosis of rhabdomyolysis.

**Key Words:** 갑상선저하증, 횡문근융해증, 급성 신손상

Hypothyroidism, Rhabdomyolysis, Acute kidney injury