

만성 콩팥병 환자에서 발생한 하시모토 갑상선염과 동반된 특발성 후복막 섬유증 1예

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Idiopathic Retroperitoneal Fibrosis Associated with Hashimoto's Thyroiditis in a Patient with Chronic Kidney Disease

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Introduction: There have been few reports of cases of idiopathic RPF associated with Hashimoto's disease, especially in patients with a functional single kidney. Here, we report a case of idiopathic RPF with Hashimoto's disease in a patient with a functional single kidney, which we successfully treated by corticosteroid therapy and transient ureteral stenting.

Case: A 73-year-old Korean woman visited our outpatient clinic for the evaluation of her right flank pain of 2 days' duration. Both kidneys showed increased renal parenchymal echogenicity and decreased size: right kidney, 8.5×4.4 cm, left kidney, 6.5×3.1cm. In addition, her right kidney showed hydronephrosis. The blood urea nitrogen and serum creatinine concentrations were 10.4 mmol/L and 0.28 mmol/L, respectively. The serum concentration of C-reactive protein was 8.29 mg/dL (reference <0.3 mg/dL). Her thyrotropin, triiodothyronine, and free thyroxine were 128.42 μU/mL (reference: 0.3-4.0 μU/mL), 0.64 ng/mL (normal: 0.8-2.2 ng/mL) and 0.43 ng/dL (normal: 0.77-1.94 ng/dL), respectively. The titer of anti-thyroglobulin antibody was high at 1462.54 IU/mL (normal: 0-60 IU/mL) and that of anti-microsomal antibody was 4658.12 IU/mL (reference: 0-60 IU/mL). The patient underwent abdominal computed tomography (CT) scan for the evaluation of hydronephrosis. The results revealed a diffuse infiltrating mass extending from the lower pole of the kidney to the aortic bifurcation level, as well as ureteral obstruction. After percutaneous nephrostomy and consecutive double-J stent insertion, her right flank pain disappeared and her serum creatinine level improved to 1.9 mg/dL. She underwent renography with Tc-99m DTPA, in which the function of left kidney was found to be impaired in comparison with the right kidney (5.8% vs 94.2%). Oral prednisolone (0.5 mg/kg) and levothyroxine (1 mg/day) were started at the 18th hospital day on the basis of the presumptive diagnosis of retroperitoneal fibrosis associated with Hashimoto's thyroiditis. After 1 month of steroid and levothyroxine therapy, the retroperitoneal mass almost disappeared at the follow-up abdominal CT scan, and normal thyroid function was recovered. At 9-month follow-up, the serum creatinine level was 1.6 mg/dL.

Conclusion: We report a case of idiopathic RPF with Hashimoto's disease in a patient with a functional single kidney, which we successfully treated by corticosteroid therapy and transient ureteral stenting.

Key Words: 특발성 후복막 섬유증, 급성 신부전

Idiopathic retroperitoneal fibrosis, Acute kidney injury