

Erythrocytosis associated with Bladder Cancer in a Patient Undergoing Chronic Hemodialysis

Dong Hyun Lee, Ji Hye Min, Sang Byung Bae, Hyo Wook Gil
Jong Oh Yang, Eun Young Lee, Sae Yong Hong

Department of Internal Medicine, Soonchunhyang University Cheonan Hospital, Cheonan, Korea

A 78-year-old man undergoing hemodialysis presented with erythrocytosis. He had commenced hemodialysis 4 years prior with a hemoglobin level of 9.8 g/dL and was administered erythropoiesis stimulating agents and ferrous sulfate. After 2 years of this treatment, his hemoglobin level increased to 14.5 g/dL; treatment for anemia was therefore discontinued. Hemodialysis was continued thrice weekly. When he visited our hospital, his hemoglobin level had increased to 17.0 g/dL. The levels of serum erythropoietin, carboxyhemoglobin, and oxygen saturation in ambient air were 31.4 mIU/mL, 0.6%, and 95.4%, respectively; a JAK2 V617F mutation was not observed, and other bone marrow abnormalities were not identified. He complained of painless gross hematuria during his initial visit. Computed tomographic and cystoscopic exams revealed bladder cancer, for which a transurethral resection was performed. Four months after the treatment of bladder cancer, the hemoglobin level decreased to 14.6 g/dL. The patient is currently being monitored closely.

Key Words: Erythrocytosis, End-stage renal disease, Hemodialysis, Bladder cancer