

간염 A 바이러스 감염과 연관된 초점성 분절성 사구체경화증 및 급성 신손상

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Focal Segmental Glomerulosclerosis and Acute Kidney Injury associated with Hepatitis A Virus Infection

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Unlike hepatitis B and C, renal involvement has been extremely uncommon in patients with hepatitis A virus (HAV) infection. Nephrotic syndrome and acute kidney injury (AKI) have been documented as a rare complication in association with HAV. We herein describe a patient with serologically documented HAV infection, who presented with nephrotic syndrome and AKI. A 5-year-old boy was admitted to our hospital for evaluation of generalized edema and oliguria, together with intermittent red urine. He has suffered from delayed mental and behavioral development. He was found to be positive for anti-IgM antibody to HAV. His blood urea nitrogen and serum creatinine were 64.1 mg/dL and 0.8 mg/dL, respectively. The aspartate aminotransferase and alanine aminotransferase levels were increased to 2,064 IU/L and 1,648 IU/L. Urinary protein to creatinine ratio was remarkably increased to 28.6, whereas serum albumin level was decreased to 1.6 g/dL. Continuous renal replacement therapy was applied to recover the child from acute kidney injury and fluid overloading. Histopathological findings of the renal biopsy specimen confirmed focal segmental glomerulosclerosis (FSGS). Thus, he was diagnosed as having nephrotic syndrome caused by FSGS associated with HAV infection. Cyclosporine A and an angiotensin converting enzyme inhibitor were started for the treatment and the clinical improvement of proteinuria was observed.

Key Words: 간염 A 바이러스, 초점성 분절성 사구체경화증
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