

길랑바레 증후군으로 오인된 횡문근융해증이 동반된 다발성근염 환자의 1예

조선대학교병원 신장내과

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A Case of Polymyositis with Rhabdomyolysis Misdiagnosed as a Guillain Barre Syndrome

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A 32-year-old woman was admitted to our hospital, because of oliguria and progressive muscle weakness in her lower extremity. she began experiencing chill, malaise, myalgia, sore throat and cough from 7 day ago. Past medical history was herb medication for weight diet from 2 weeks ago and drugs medication for upper respiratory infection from 1 week ago. Laboratory findings suggested rhabdomyolysis complicated acute kidney injury. We suspected the Guillain Barre syndrome and drug induced rhabdomyolysis. So, continuous renal replacement therapy performed for the oliguric acute kidney injury. In addition nerve conduction study was performed but test result was normal. After, the patient complained of proximal muscle weakness in upper and lower extremity. So, the muscle biopsy was obtained from the left thigh and showed extensive myofiber necrosis with many inflammatory cell infiltration in perivascular area and around the individual muscle fiber. A diagnosis of polymyositis was based upon the progressive proximal muscle weakness on both upper and lower extremities, elevated muscle enzyme level, muscle biopsy findings. We report a case of polymyositis with rhabdomyolysis misdiagnosed as a Guillain Barre syndrome with literature.

Key Words: 길랑바레 증후군, 다발성근염, 횡문근융해증
Guillain Barre syndrome, Polymyositis, Rhabdomyolysis