

면역글로불린G4 연관 대동맥염 환자에서 동반된 신정맥 혈전증과 단백뇨

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A Case of Immunoglobulin G4 Related Periaortitis with Left Renal Vein Thrombosis and Heavy Proteinuria

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A 38 year-old man was admitted to the hospital because of abrupt right flank pain. He had a history of pneumonia treated with antibiotics. He was not febrile and edematous. Physical examination revealed tenderness of left costo-vertebral angle. The white-cell count was 16,060 per cubic millimeter, and the lactate dehydrogenase concentration was 411 IU per liter. The prothrombin time was 13.4 seconds and the international normalized ratio (INR) was 1.05. Urinalysis revealed more than (e.g. 300 red cells per high-power field) $>1/2$ per visual field and severe proteinuria (4+). The serum creatinine concentration was 1.18 mg per deciliter (103.84 μ mol per liter), and the serum albumin concentration was 4.3 g per deciliter. Enhanced computed tomographic (CT) scan showed a thrombus of the left renal vein and thickening of the abdominal aortic wall. The patient's serum immunoglobulin G and immunoglobulin G4 was within normal ranges. Although the aorta biopsy was not performed, abdominal CT findings suggest IgG4-related periaortitis of the abdominal aorta. The patient was initially treated with glucocorticoid. Continuous glucocorticoid treatment improved the patient's symptoms. Regular outpatient follow-up scheduled for the patient. There have been no previous case reports on IgG4-related periaortitis with renal vein thrombosis and proteinuria. We would like to present the first case report on IgG4-related periaortitis of abdominal aorta presenting as left renal vein thrombosis with heavy proteinuria.

Key Words: 면역글로불린, 대동맥 주위염, 신정맥혈전증

Immunoglobulin G4, Periaortitis, Renal vein thrombosis