

신경색의 임상상과 예후인자

보라매병원 내과¹, 가톨릭대학교 의과대학 내과학교실², 경북대학교 의과대학 내과학교실³
연세대학교 의과대학 내과학교실⁴, 서울대학교 의과대학 내과학교실⁵, 순천향대학교 의과대학 내과학교실⁶
연세 원주대학교 의과대학 내과학교실⁷, 경희대학교 의과대학 내과학교실⁸, 중앙대학교 의과대학 내과학교실⁹

오윤규^{1,5}, 양철우², 김용림³, 강신욱⁴, 박철휘², 김연수⁵, 이은영⁶
한병근⁷, 이상호⁸, 김수현⁹, 이하정⁵, 임춘수^{1,5}

Clinical Characteristics and Prognostic Factors of Renal Infarction

Yun Kuy Oh^{1,5}, Chul Woo Yang², Yong-Lim Kim³, Shin-Wook Kang⁴, Cheol Whee Park², Yon Su Kim⁵
Eun Young Lee⁶, Byoung Geun Han⁷, Sang Ho Lee⁸, Su-Hyun Kim⁹, Hajeong Lee⁵, Chun Soo Lim^{1,5}

Department of Internal Medicine¹, Seoul National University Boramae Medical Center, Seoul
Department of Internal Medicine², Seoul St. Mary's Hospital, College of Medicine, Seoul
Department of Internal Medicine³, Kyungpook National University School of Medicine, Daegu
Department of Internal Medicine⁴, Yonsei University College of Medicine, Seoul
Department of Internal Medicine⁵, Seoul National University College of Medicine, Seoul
Department of Internal Medicine⁶, Soonchunhyang University Cheonan Hospital, Cheonan
Department of Internal Medicine⁷, Wonju Severance Christian Hospital, Wonju
Department of Internal Medicine⁸, Kyung Hee University College of Medicine, Seoul
Department of Internal Medicine⁹, Chung-Ang University College of Medicine, Seoul, Korea

Background: Renal infarction (RI) is an uncommon condition resulting from an acute disruption of renal blood flow. The etiology and outcome of RI is not well established

Methods: We retrospectively surveyed the medical records of 438 patients admitted with RI to eight referral hospitals of Korean from January 1993 to December 2013.

Results: Etiology of RI was divided into the following groups: cardiogenic (n=244), idiopathic (n=132), renal artery injury (n=33), and hypercoagulable (n=29). Four hundred and thirty-seven patients were diagnosed by computed tomography. Twenty-one patients received urokinase infusion, 350 patients received heparin, and 335 patients received warfarin. One hundred and sixty one patients were given anti-platelet agents. Fourteen patients were recurred and 90 patients developed acute kidney injury (AKI). Eighty patients progressed to chronic kidney disease (CKD) and nine patients received long-term dialysis therapy. Mortality was 5.0%. Being male (OR, 2.21; 95% CI, 1.03-4.72), systolic blood pressure ((SBP) OR, 1.01; 95% CI: 1.00-1.03), and AKI (OR, 17.82; 95% CI, 8.50-37.33) were associated with CKD. The idiopathic group (OR, 0.29; 95% CI, 0.12-0.68) was related to a lower risk of CKD. Albumin level (OR, 0.39; 95% CI, 0.16-0.96) and warfarin treatment (OR 0.01; 95% CI, 0.00-0.11) were significantly associated with lower mortality.

Conclusion: Cardiogenic origins were the most important causes of RI. Being male, high SBP, and AKI were associated with CKD. The idiopathic group is associated with lower risk for CKD. Lower mortality after RI was associated with higher albumin level and warfarin treatment.

Key Words: 신경색, 임상상, 예후

Renal infarction, Clinical manifestation, Outcome