

급성 췌장염으로 발현된 반월상 사구체 신염을 동반한 현미경적 다발 혈관염

전주 예수병원 내과¹, 가톨릭대학교 서울성모병원 병리과²

조아영¹, 김병관¹, 김상선¹, 이성희¹, 신홍식¹, 최지은², 윤현주¹, 최영진², 이광영¹, 선인오¹

A Case of Microscopic Polyangiitis with Crescentic Glomerulonephritis Initially Presenting as Acute Pancreatitis

A Young Cho¹, Byeong Gwan Kim¹, Sang Sun Kim¹, Seong Hee Lee¹, Hong Sik Shin¹
Ji Eun Choi², Hyun Ju Yoon¹, Yeong Jin Choi², Kwang Young Lee¹, In O Sun¹

Department of Internal Medicine¹, Presbyterian Medical Center
Department of Pathology², Seoul St. Mary

A 59-year-old Korean woman visited our emergency department for evaluation of epigastric pain and vomiting. A routine chest x-ray showed slight haziness in the bilateral lung fields. Both kidneys exhibited mildly increased renal parenchymal echogenicity and normal size, with the right kidney measuring 12.2×6.5 cm, and the left kidney measuring 13.0×6.7 cm. Urinary protein excretion was 3.5 g/d. The blood urea nitrogen and serum creatinine levels were 12.5 mmol/L (reference: 2.8-7.1 mmol/L) and 0.64 mmol/L (reference: 0.05-0.11 mmol/L), respectively. Her serum creatinine level 1 month earlier was 0.05 mmol/L. Her serum concentration of C-reactive protein was 8.29 mg/dL (reference <0.3 mg/dL), and serum amylase and lipase levels were 825 U/L (reference: 28-100) and 927 U/L (reference: 13-60), respectively. Alanine aminotransferase and bilirubin were normal. To evaluate for possible pancreatitis, we performed abdominal computed tomography (CT), which did not show any swelling of the pancreas. ANCA was positive in a perinuclear pattern with a titer of 1:640. In the enzyme immunoassay, anti-myeloperoxidase (MPO) antibody was positive, but the anti-proteinase 3 antibody was negative. After the clinical diagnosis of MPA was made, the patient was started on 1 g/day intravenous methylprednisone (21st day of hospitalization) for 3 days, followed by 60 mg/day oral prednisone. Intravenous cyclophosphamide (750 mg) was administered on the 27th day of admission. Following immunosuppressive therapy, the patient's fever subsided and the serum and amylase levels returned to normal. On the 30th day of admission, a percutaneous renal biopsy was performed. On light microscopy, all 6 glomeruli showed segmental or global sclerosis with crescents. There were both cellular (2/6, 33%) and fibrous crescents (4/6, 66%) present. During dialysis on day 50, she complained of cough and dyspnea. A chest CT scan showed multifocal ground-glass opacities in the lungs bilaterally. Laboratory examination revealed neutropenia (absolute neutrophil count of 0.1×10⁹, reference range >1.5×10⁹) and elevated CRP (12 mg/dL). The patient was diagnosed with pneumonia and was treated with intravenous antibiotics. Despite these interventions, the patient expired due to septic shock on hospital day 60. Here, we report a case of microscopic polyangiitis with crescentic glomerulonephritis which initially presented as acute pancreatitis.

Key Words: 현미경적 다발 혈관염, 췌장염

Microscopic polyangiitis, Pancreatitis