

## 삼차신경 종양으로 발현된 신장 증상 없는 IgG4 연관 신질환 1예

계명대학교 의과대학 내과학교실<sup>1</sup>, 신경외과학교실<sup>2</sup>, 병리학교실<sup>3</sup>, 신장연구소

박우영<sup>1</sup>, 박하연<sup>1</sup>, 김예림<sup>1</sup>, 황은아<sup>1</sup>, 박성배<sup>1</sup>, 김일만<sup>2</sup>, 최미선<sup>3</sup>, 한승엽<sup>1</sup>

### A Case of IgG4-Related Renal Disease Presenting Mass on Trigeminal Nerve

Woo Yeong Park<sup>1</sup>, Ha Yeon Park<sup>1</sup>, Yae Rim Kim<sup>1</sup>, Eun Ah Hwang<sup>1</sup>

Sung Bae Park<sup>1</sup>, Il Man Kim<sup>2</sup>, Mi Sun Choe<sup>3</sup>, Seungyeup Han<sup>1</sup>

Department of Internal Medicine<sup>1</sup>, Department of Neurosurgery<sup>2</sup>, Department of Pathology<sup>3</sup>  
Keimyung University School of Medicine, Keimyung University Kidney Institute

Immunoglobulin (Ig) G4-related disease is a newly recognized fibroinflammatory condition involving every organ system such as pancreas, kidney, lung, lymph nodes, meninges, aorta, orbits, salivary gland, thyroid, mediastinum and skin. The characteristics are elevated serum IgG4 levels, dense lymphoplasmacytic infiltrate rich in IgG4 positive plasma cells and storiform fibrosis by histologic findings. In case of renal involvement, that is usually accompanied by symptoms such as fever, fatigue or flank pain, abnormal urinalysis, or increased serum creatinine. However, IgG4-related renal disease without renal manifestation, involving the nervous system is not common. Herein, we report a case of IgG4-related renal disease without renal symptoms presenting mass-like lesions along the bilateral trigeminal nerve. A 71-year-old male was admitted to the hospital because of bilateral facial numbness over 6 months. He had a history of autoimmune pancreatitis treated with steroid in 2010. Magnetic resonance imaging (MRI) revealed two lobulating enhancing masses along the bilateral trigeminal nerve, and the lesions were considered by trigeminal schwannoma. He was performed by enhanced computer tomographic (CT) scan. CT finding showed that large irregular enhancing soft tissue masses at renal pelvis involving bilateral proximal ureter, centrilobular nodules on both lower lung fields and enlarged mediastinal lymph nodes. Laboratory findings showed normal serum creatinine and urinalysis, but increased serum IgG, IgG4 levels and hypocomplementemia. Renal biopsy revealed diffuse interstitial lymphoplasmacytic cell infiltration with fibrosis and IgG4 positive plasma cells counted more than 10 per 1 high power field. The patient was initially treated with glucocorticoid. The treatment improved the symptoms and masses on abdomen CT and brain MRI.

**Key Words:** IgG4, 삼차신경, 신장  
IgG4, Trigeminal nerve, Kidney