

## KSN 2017 Abstract

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### Rhabdomyolysis associated with fenofibrate leading to respiratory failure in a patient with diabetic chronic kidney disease

Tae won LEE<sup>1</sup>, Ha NEE<sup>2</sup>, Yire KIM<sup>2</sup>, Hee jung PARK<sup>2</sup>, Eunjin BAE<sup>1</sup>, Hyun seop CHO<sup>2,3</sup>, Se-ho CHANG<sup>2,3</sup>, \*Dong jun PARK<sup>1,3</sup>

<sup>1</sup>Department of Internal medicine, Gyeongsang National University School of Medicine and Gyeongsang National University Changwon Hospital, Korea, South,

<sup>2</sup>Department of Internal medicine, Gyeongsang National University School of Medicine and Gyeongsang National University Hospital, Korea, South, <sup>3</sup>Institute of Health Sciences, Gyeongsang National University, Jinju, Korea, Republic Of, Korea, South

**Case Study :** Fenofibrate is frequently used to diabetic dyslipidemia and hypertriglyceridemia alone or in combination with statins. It rarely can cause rhabdomyolysis. However, there has been no report for rhabdomyolysis resulting in respiratory failure. We report rhabdomyolysis associated with fenofibrate therapy leading to respiratory failure in a patient with chronic kidney disease. A 64-year-old male patient with a medical history of type 2 diabetes mellitus, hypertension, and hyperlipidemia presented to the emergency department with progressive weakness. He had no recent viral diseases or other complaints. Four weeks before presentation he was started on 130 mg fenofibrate daily. Physical examination revealed markedly decreased motor power on both extremities. Initial laboratory reports were as follows; CK 1671 U/L, LDH 1087 U/L, BUN 67.7 mg/dl, and Cr 4.43 mg/dl. Conservative managements including hydration and fenofibrate withdrawal were done. On admission 4th day, mechanical ventilator care was performed due to respiratory failure unexplained with laboratory and radiologic findings and cerebrospinal fluid analysis. CK increased to 7867 U/L and electromyography and nerve conduction study was compatible with toxic myopathy. In seven day, he was weaned off the ventilator. He was discharged from hospital on foot and followed up to outpatient without recurrence. Physicians have to bear in mind that fenofibrate can induce rhabdomyolysis leading to respiratory failure.

**Keywords :** rhabdomyolysis, respiratory failure, fenofibrate, acute kidney injury