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Rhabdomyolysis due to acute hepatitis A: a case series

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Case Study: Rhabdomyolysis is a disease characterized by skeletal muscle damage, which may be triggered by multiple potential causes. We report two cases of rhabdomyolysis due to acute hepatitis A.
Case1 : A 50 year-old man with non alcoholics, presented to the emergency room due to bloody urine, confused mentality. Initial laboratory results showed blood urea nitrogen (BUN)/ creatinine (Cr) 40.3/4.98 mg/dL, aspartate aminotransferase (AST)/ alanine aminotransferase (ALT) 2126/347 IU/L, creatine phosphokinase (CPK)/ lactate dehydrogenase (LDH) > 22000U/ > 1800 IU/L. He applied continuous renal replacement therapy (CRRT) for anuria that was no responsive to massive fluid therapy. The day after admission, he was diagnosed with hepatitis A with anti-HAV IgM positive. He maintained the CRRT until 10 days of hospitalization but continued oliguria, changed to intermittent hemodialysis. Since then, he had recovered to more than 2L of daily urine output after 7 times of hemodialysis and maintained the fluid treatment. On discharge, laboratory results showed BUN/Cr 30.1/2.07 mg/dL, AST/ALT 171/62 IU/L, CPK/LDH 1352/499 IU/L. 2 months after discharge, he visited the outpatient clinic. Laboratory results showed BUN/Cr 18.6/1.72 mg/dL, AST/ALT 16/12 IU/L, CPK/LDH 111/184 IU/L, we finished his follow-up visit.
Case2 : A 70 year-old man with non alcoholics, presented to the emergency room due to general weakness. Initial laboratory results showed BUN/Cr 47.3/1.30 mg/dL, AST/ALT 3582/3352 IU/L, CPK/LDH 20205/>1800 IU/L. His daily urine output was measured more than 2L, he maintained fluid therapy. The day after admission, he was diagnosed with hepatitis A with anti-HAV IgM borderline. On 8th day of hospitalization, laboratory results showed BUN/Cr 10.6/0.52 mg/dL, AST/ALT 72/245 IU/L, CPK/LDH 638/421 IU/L, he discharged. 1 month after discharge, laboratory results showed BUN/Cr 8.9/0.71 mg/dL, AST/ALT 15/12 IU/L, CPK/LDH 50/181 IU/L, we finished his follow-up visit.
It is important not to overlook finding hidden causes of rhabdomyolysis.