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A case of atypical hemolytic uremic syndrome triggered by Influenza A

Su Yeon Han, Jong In Lee, Eu Jin Lee, Hae Ri Kim, Jae Wan Jeon, Young Rok Ham, Dae Eun Choi, Ki Ryang Na, Kang Wook Lee
Department of Internal Medicine, Chungnam National University Hospital, Korea, Republic of

Case Study:

Atypical hemolytic uremic syndrome (aHUS) is a genetic, chronic, systemic, and life-threatening disease with devastating consequences by the mechanism of thrombotic microangiopathy in both, adults and children. aHUS is potentially triggered by multiple factors, such as malignancy, drug, pregnancy, transplantation, and virus either idiopathic or secondary. Especially, aHUS may be linked to **viral** infections such as HIV, EBV and enteroviruses, but rarely by influenza. We report a case of aHUS with influenza A infection who was improved by plasmapheresis and hemodialysis.

Case: A 20-year-old male patient visited ER with hematuria. He had fever, myalgia 2 days ago and diagnosed with Influenza A, then took oseltamivir in local clinic. His mentality was normal, but complained of nausea and vomiting without bloody diarrhea. Blood pressure, heart rate, respiratory rate, body temperature were 122/67mmHg, 53/min, 20/min, 37.6°C. Hemoglobin was 12.5g/dL, platelet was 28K/uL, and a few schistocyte (1-2/HPF) were observed in peripheral blood smear. In blood chemistry, AST, ALT, TB were 197 IU/L, 22 IU/L, 3.18mg/dL, respectively. BUN and s-Cr were 63.7 and 3.86 mg/dL. LDH was 5,247/IU/L. Urine output was 1,000ml/day. He underwent 6 times of plasmapheresis daily. ADAMTS 13 activity was over 98.0. On 5th admission day, urine output decreased to below 400ml/day. And s-Cr was elevated to 6.15mg/dL. Hemodialysis was performed 2 days with plasmapheresis. On 8th admission day, there was sudden spike fever, so under the suspicion of catheter related infection, hemocatheter was removed and broad spectrum antibiotic was started. The plasmapheresis and hemodialysis were stopped. After that, s-Cr, hemoglobin, and platelet were stable at about 2.8 mg/dL, 8.6 g/L, and 180K/uL, while urine output maintained more than 1L for a week. Then, the patient was discharged. One week after discharge, in outpatient clinic, the patient did not show any symptom. The s-Cr and platelet were normalized.