P46

아세트아미노펜 중독에 의한 급성 신부전 1예

순천향대학교 천안병원 신장내과

길효욱 · 이지연 · 양종오 · 이은영 · 홍세용

A Case of Acute Renal Failure Induced by Acetaminophen Intoxication

Hyo-Wook Gil, Ji-Yeon Lee, Jong-Oh Yang, Eun-Young Lee, Sae-Yong Hong

Division of Nephrology, Department of Internal Medicine, Soonchunhyang University Cheonan Hospital

Introduction: Acetaminophen is a widely used analgesic and antipyretic. Acetaminophen-induced hepatic injury well described in previous studies, however, its kidney toxicity is poorly understood. Acute kidney injury occurs in 1-2% of patients who intoxicated with acetaminophen. Moreover, the incidence of kidney injury increases up to 10% in severely intoxicated patients. Hepatorenal syndrome, prerenal failure, and direct toxicity of acetaminophen metabolites could be involved in the development of acute renal failure with acetaminophen intoxication.
Case: We treated a 58-year-old female who was found stuporous and brought to the emergency room by ambulance. She had ingested acetaminophen 4-5 g per day for a chronic headache for over 10 years. At presentation, she had ingested about 8 g of acetaminophen. Her plasma level of acetaminophen was 48.72 ug/mL at 73 h after acetaminophen ingestion. She presented in non-oliguric acute renal failure with hepatic injury. Hemoperfusion, hemodialysis, and N-acetylcysteine infusion were applied. The creatinine peaked up to 3.2 mg/dL on the sixth day. Subsequently, her renal function recovered. In the aspect of liver function, her AST/ALT level was peaked up to 6,884/6,204 U/L on the forth day. After 34 days, she was discharged in relatively good condition.
Conclusion: It is suspected that acetaminophen-induced kidney injury developed in similar mechanism with its hepatic toxicity. Supportive care and proper extracorporeal therapy can improve the survival in acute renal failure after acetaminophen intoxication.

Key Words: 아세트아미노펜, 급성 신부전
Acetaminophen, Acute renal failure