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A case of muscle necrosis caused by simultaneous use of SGLT2i and statin in a kidney transplant patient.

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Case Study: Sodium/glucose cotransporter-2 inhibitors(SGLT2i) is preferred as a treatment in diabetic patients with cardiovascular disease or renal complications. Side effects of SGLT2i have been reported as ketoacidosis, urinary tract infection, urinary system malignancy and amputation of the lower extremities. We report a case of muscle necrosis in a kidney transplant patient using SGLT2i and statin simultaneously.

A 52-year-old male patient visited the hospital for 15 days of left lateral thigh pain, and focal edema. He received a kidney transplant from his wife nine years ago. He had diabetes, angina pectoris and hyperlipidemia, and maintained stable renal function. Three months before hospitalization, he changed his diabetes medication to dapagliflozin, metformin and insulin. Previously, he had been taking tacrolimus, mycophenolate, deflazacort, losartan, clopidogrel, cilostazol, pregabalin, and ursodeoxycholic-acid. He complained of severe pain and physical examination showed swelling, tenderness, and heat sensation in left thigh. At the time of hospitalization, WBC 5.4(3.5~10.0, $10^9/L$), CRP 3.45(~ 0.3 , mg/dL) and Cr 1.1(0.4~1.5, mg/dL) were identified in laboratory findings. We diagnosed myositis and cellulitis, and started third-generation antibiotics. The symptoms did not improve even after taking the drug for 10 days, so surgery was performed. Malignant lesions were suspected due to poor tissue conditions, but the result of the biopsy was muscle necrosis with muscle infarction. No abnormality was observed in the lower extremity CT angiography and in the blood test related to vasculitis. The patient was discharged from the hospital due to improved symptoms without identifying a clear cause. After 2 months, he was hospitalized again with the similar symptoms that occurred in other areas inside the left thigh. There was no evidence of infection, so we decided to stop dapagliflozin and statin. After discontinuing the drug, the patient gradually improved. Therefore, we would like to report a case of muscle necrosis caused by these drugs.