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FULLY VIRTUAL MEETING
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A case of rhabdomyolysis with acute kidney injury complicated by posterior reversible encephalopathy syndrome (PRES)

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Case Study: Background
Posterior reversible encephalopathy syndrome (PRES) is rare condition in which parts of the brain are affected by swelling, usually as a result of an underlying cause. A case of rhabdomyolysis with acute kidney injury complicated by PRES are rarely reported
Case Report
A 26-years old woman presenting nausea, general weakness visited emergency room. She had been on a diet for months and her urine volume had decreased since a week ago. Initial laboratory finding showed rhabdomyolysis (CPK 9147 U/L, RR = 20-180 U/L) and acute kidney injury (Cr 10.70 mg/dl, RR = 0.5-0.9 mg/dl). After hospitalization, she began dialysis treatment and supportive care. On the sixth day of hospitalization, she presented severe headache, visual disturbance, high blood pressure, and seizure. So, brain image study (Brain CT NE, diffusion MRI) was conducted and PRES with SAH findings were observed. (Figure 1) The patient managed in ICU with BP control, anticonvulsant drug medication, and renal replacement therapy. After treatment, the neurologic symptoms improved and acute kidney injury also improved. The lesion improved upon follow-up MRI. (Figure 2) On the fifteenth day of hospitalization, Creatinine was normalized and the patient was discharged
Conclusion
Herein, we report a case of rhabdomyolysis with AKI complicated by PRES with SAH. In patients with rhabdomyolysis with AKI accompanied by neurological symptoms such as headache and convulsion, PRES should be suspected.

Figure 1. The initial diffusion MRI of brain showed ncreased FLAIR signal intensity at bilateral occipital lobes, bilateral posterior parietal lobes

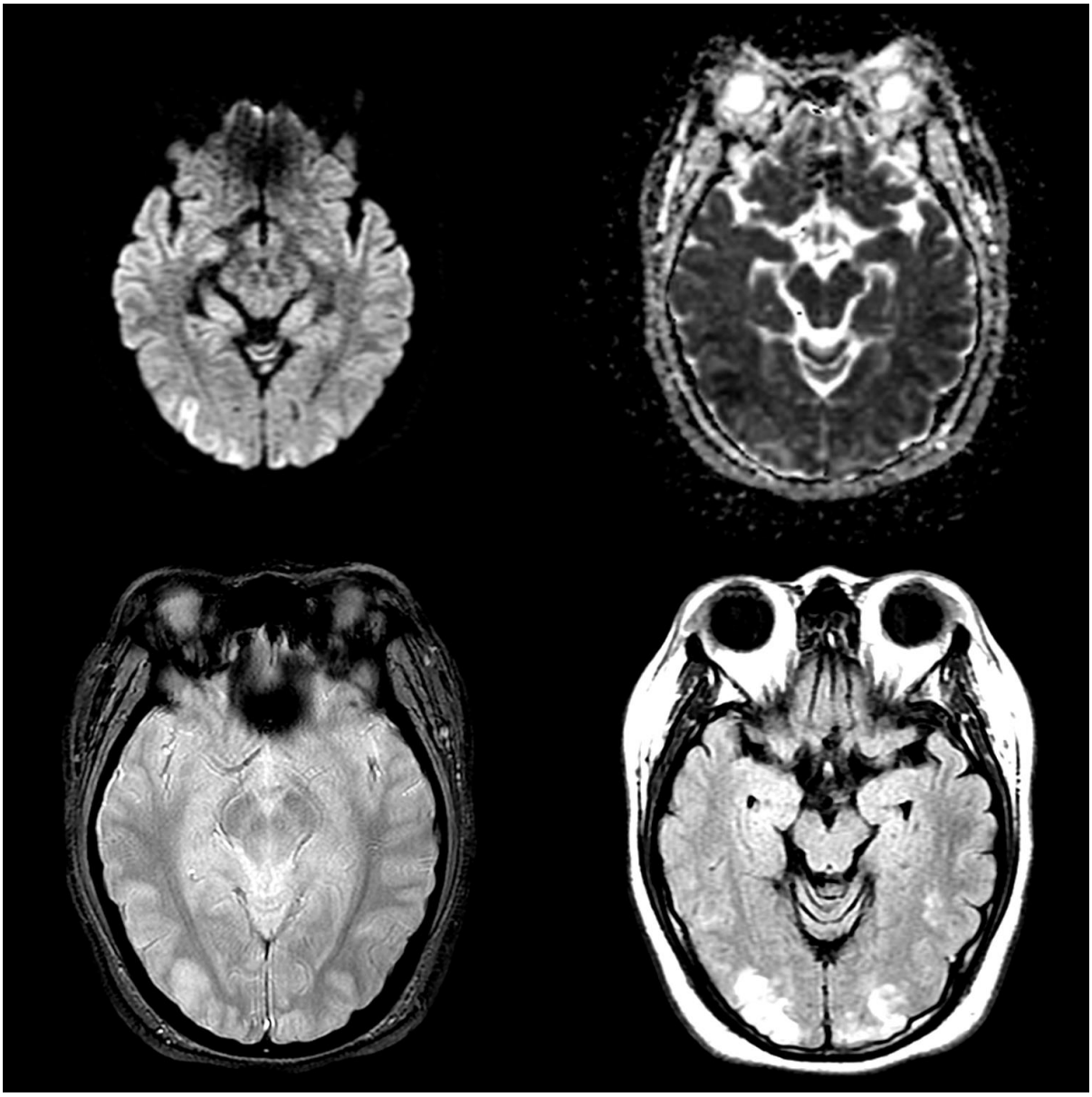

Figure 2. The follow-up diffusion MRI of brain showed decreased in extent of FLAIR high signal intensity at bilateral cerebral hemispheres, remained at bilateral parieto-occipital lobes

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