

中文題目：下背痛後的急性腎損傷-不全都是止痛藥惹的禍

英文題目：Acute Kidney Injury after Low Back Pain – not only caused by NSAID

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Back ground: Malperfusion of the thoraco-abdominal aorta and its side branches is a common complication of aortic dissection. As its initial symptoms may be subtle and be recognized late, it accounts for a considerable percentage of fatalities. Here we present a case of acute kidney injury who took analgesics for his low back pain. The obvious medication history and the diagnosis of ATIN in renal biopsy masked the existence of fatal aortic dissection.

Case presentation: A 53 year-old-man, who has lumbar spondylosis and disc protrusion, came to our nephrology OPD since his serum creatinine (Cr) raised from 1.2 mg/dl to 3.2 mg/dl after one week COX-2 inhibitor treatment. The patient was admitted and the arranged renal biopsy was not surprisingly revealed acute interstitial nephritis. Methylprednisolone 1g per day for 3 days was given, followed with compesolon 40mg/day.

Initially his Cr dropped to 2.3mg/dl, however, Cr increased again to 4.5 mg/dl even after one-month steroid usage. After 2 days of 1000ml normal saline hydration, the patient developed shortness of breath and lower leg edema. The chest x ray showed bilateral pulmonary edema and a widened mediastinum, and the followed cardiac echo revealed dilated aortic root from ascending to descending aorta with intima flap. The computed tomography confirmed the diagnosis of type A aortic dissection, which involved from the left common carotid artery to the left iliac artery. Although received emergent operation, the patient expired on the next day when the diagnosis was confirmed.

Conclusion: Even though there was a tissue proved diagnosis of NSAID related AIN, the presence of aortic dissection should be considered when there were clinical presentations of low back pain, paraplegia and renal function abnormality. Early recognition and operation might save those patients like this case.

關鍵字：Aortic dissection, acute kidney injury, low back pain, acute interstitial nephritis