

中文題目：橫紋肌溶解症病人體液過量後發生非結石性膽囊炎

英文題目：Acalculous Cholecystitis after Overhydration in a Rhabdomyolysis Patient

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A 32-year-old man lives a healthy life before. He was admitted to our hospital due to bilateral lower limbs myalgia and oliguria after outdoor exercise for 2 hours. Elevated creatine kinase level (38600 IU/L) and impaired renal function (Creatinine 1.4 mg/dL) was found while arriving. Aggressive repletion of fluids with normal saline 300 ml per hour was prescribed for 1 day at emergent department. Then he received sodium bicarbonate 200 meq in normal saline 2000 ml for 3 days. General edema and increased body weight from 75 to 85 kg were found at ward. Sudden onset of high fever and right upper quadrant pain occurred 3 days after hospitalization. Right upper quadrant tenderness with Murphy's sign was also found. Abdominal sonography and computed tomography showed ascites and gall bladder wall thickening without evidence of bile duct stone. Laboratory examination reports revealed leukocytosis (WBC 12830/uL), mild elevated total bilirubin level (1.08 mg/dL) but normal liver function and gamma-glutamyl transferase. Due to acalculous cholecystitis after overhydration was suspected, 3rd generation cephalosporin and furosemide were prescribed. The patient's abdominal pain and general edema subsided 3 days after treatment. Follow-up abdominal sonography showed normal gall bladder. The blood culture grew no bacteria. The patient recovered well and discharged after a week.

The main treatment of rhabdomyolysis are hydration and urinary alkalinization. However, fluid overload could occur when aggressive fluid replacement in patients with oliguria. In this case, acute cholecystitis and general edema were found after large volume of intravenous fluid therapy. We hypothesized that gall bladder wall swelling accompanying general edema induced transient obstruction of biliary tract. Acalculous cholecystitis developed after overhydration and thus it could be treated by diuretics successfully. In the treatment of rhabdomyolysis, careful fluid management should be emphasized to prevent overhydration or acalculous cholecystitis.