

中文題目:非類固醇止痛藥引起的自體免疫性溶血、血小板低下及急性腎衰竭之
案例分享

英文題目: Autoimmune hemolytic anemia, thrombocytopenia, and acute kidney
injury induced by nonsteroidal anti-inflammatory drugs (NSAIDs): a case report

作者: 陳以勳¹, 郭美娟²

服務單位: 1. 高雄醫學大學附設中和紀念醫院內科部

2. 高雄醫學大學附設中和紀念醫院內科部腎臟科

Introduction

Nonsteroidal anti-inflammatory drug (NSAID) induced acute kidney injury and peptic ulcer disease is well known, but hematologic problem is less common. Here we present a case that the patient took three kinds of NSAIDs and developed acute kidney injury, autoimmune hemolytic anemia, and thrombocytopenia.

Case presentation

This 48-year-old man presented with general malaise, poor appetite, vomiting, tea color urine, and decreased urine output for 3 days. There was no fever and abdominal pain. He denied recent travel history but had taken some unknown over-the-counter drugs for acute gouty arthritis. The blood examination showed normocytic anemia (11.6 g/dL, MCV:85.8 fl), thrombocytopenia (PLT:49000/ μ L), indirect type hyperbilirubinemia (total Bilirubin: 5.67 mg/dL, direct Bilirubin: 0.71 mg/dL), and impaired renal function (BUN/Cr: 57/6.17 mg/dL). Urine routine showed positive occult blood (OB:3+) but no red blood cell(RBC) was noted under high power field. Direct and indirect Coombs' test all revealed positive findings, and autoimmune hemolytic anemia was impressed. Blood smear showed spherocytosis without schistocyte. Acute renal failure was found, and temporary hemodialysis was performed.

Viral infection including HBV and HCV and some atypical infection such as Mycoplasma or Leptospirosis all showed negative findings. Autoimmune survey revealed non-significant findings as well. Renal biopsy revealed acute tubular interstitial nephritis. After carefully asking the patient about the medication history, he finally brought the over-the-counter drugs that revealed three kinds of NSAIDs. The patient then recovered after temporary hemodialysis and steroid treatment.

Conclusion

Along with NSAIDs use history, when the patient presents with hemolytic anemia, thrombocytopenia and acute kidney injury, NSAID-induced etiology should be highly considered.