

中文題目：登革熱併發橫紋肌溶解症與急性腎衰竭

英文題目：Dengue Fever Complicated with Rhabdomyolysis and Acute Kidney Injury

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Introduction

Dengue fever is considered a major global health threat, which is characterized by fever and thrombocytopenia. Acute kidney injury (AKI) is an uncommon complication in patients of dengue fever with an incidence of less than 10%. AKI caused by rhabdomyolysis is an even more rare complication of dengue fever. Only a few cases have been reported previously. Herein, we present a case of dengue fever complicated with rhabdomyolysis and acute kidney injury.

Case Presentation

An 80-year-old woman with uncontrolled hypertension from a dengue endemic area presented to our hospital with fever, acute general weakness, and decreased urine amount with dark urine color. Laboratory tests showed thrombocytopenia, acute kidney injury, markedly elevated serum creatine phosphokinase (CPK) level (8081 IU/L), and markedly elevated urine myoglobin level (>4030 ng/mL). The dengue NS1 antigen assay showed positive result. The patient was treated with aggressive hydration and the urine output was closely monitored. Her serum creatinine level and CPK level returned to normal within few days and no renal replacement therapy was required. However, her hospital course was complicated with spontaneous intracranial hemorrhage. Her family declined the suggestion of surgical intervention and decided to withdraw life-sustaining treatments.

Discussion

Various complications have been reported in patients with dengue fever, whereas rhabdomyolysis with acute kidney injury was uncommonly reported in the medical literature. In our case, the diagnosis was rapidly made based on clinical presentations. Aggressive hydration remains the main treatment for either dengue hemorrhagic fever or rhabdomyolysis. In summary, our case highlights that severe rhabdomyolysis with acute kidney injury may occur in patients with dengue fever. High-level of awareness remains the keystone for adequate treatment.