

中文題目：冷球蛋白血症腎絲球腎炎併克隆氏症－病例報告

英文題目：Cryoglobulinemic glomerulonephritis associated with Crohn's disease: a case report

作者：黃筠婷<sup>1</sup>，孫啟書<sup>2</sup>，黃志強<sup>3</sup>

服務單位：奇美醫院<sup>1</sup>內科部，<sup>2</sup>胃腸肝膽科，<sup>3</sup>腎臟科

**Background:** Both Crohn's disease and cryoglobulinemic glomerulonephritis (GN) are infrequently encountered inflammatory diseases, but coexistence of these two disorders is rare. Here we present a 60-year-old man of Crohn's disease simultaneously developing chronic glomerulonephritis.

**History:** This man was bothering about persistent epigastric pain with nausea and vomiting for 2 weeks. Acute pancreatitis and acute on chronic kidney disease were initially diagnosed at regional hospital. However, the symptoms aggravated, thus he came to our ER. The abdominal CT disclosed wall thickening at 2<sup>nd</sup> and 3<sup>rd</sup> portion of the duodenal with fat strandings, in suspicion of tumor growth. Meanwhile, the 1<sup>st</sup> time of panendoscope was done then, with the report revealing a duodenal mass at the 2<sup>nd</sup> portion; the final pathology showed necrosis. After admission, nausea and vomiting exacerbated even when he sipped water. Thinking of tumor obstruction accompanied with uremia symptoms, we did 2<sup>nd</sup> time of PES and also the upper GI series. Diffuse ulceration in suspicion of ischemia duodenitis or duodenal tumor, and partial obstruction at 2<sup>nd</sup> portion of duodenum were found respectively. Furthermore, on the Day 8 of admission, the very high level of leukocytosis with segment predominance, prolonged PT and much more progressed renal function were seen. In addition, diarrhea occurred. In case of duodenal rupture with small abscess, we did abdominal CT again and hyperenhancement with submucosal edema, of which inflammatory bowel disease was in suspicion. Also, for acute on CKD with serum creatinine level 7.72 mg/dL, HD was started through double lumen catheter insertion. Afterwards, the patient still had abdominal cramping pain though, 3<sup>rd</sup> time of PES was done and ulcerative necrotic lesion at 3<sup>rd</sup> portion of duodenum, map-like ulcers with cobble stones lie pseudo-polyps at second portion of duodenum, in suspicion of Crohn's disease was observed. Also, renal biopsy was done for heavy proteinuria with unknown etiology. The pathology disclosed cryoglobulinemic glomerulonephritis. Then, prednisolone 2# QID was given, and the abdominal pain gradually improved. Later on, Azathioprine was prescribed as well. The patient then discharged under relatively stable condition without GI discomfort presentation. During his OPD visit, we taper down prednisolone and added sulfasalazine. The followed-up liver enzyme showed elevation, then we used Mesalazine instead of Azathioprine. Currently, the patient is under smooth condition.

**Conclusion:** Here we highlight the possibility of association between Cryoglobulinemic glomerulonephritis and Crohn's disease.