

IgG4-related nephropathy with pancreatitis and pericarditis

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Immunoglobulin G4- related nephropathy with biopsy-proven autoimmune pancreatitis and tuberculosis pericarditis Running title: IgG4-related nephropathy with pancreatitis and pericarditis Soo yung Kim, Hyun Lee Kim, Jong Hoon Chung and Byung Chul Shin Department of Internal Medicine, Division of Nephrology, Chosun University Medical School, Gwangju, Republic of Korea Abstract Immunoglobulin (Ig) G4-related disease is an immune-mediated fibroinflammatory disease that is affected to multiple organs. Kidney involvement in patient with IgG4-related disease is rare and common finding is tubulointerstitial nephritis. A case of a 68-year-old male was complained with dyspnea and visited to cardiology department. Echocardiogram shows a massive pericardial effusion and pleural effusion. Pericardiocentesis and pericardial biopsy was performed and biopsy shows a thick degenerative fibrocollagenous tissue and IgG4/IgG ratio less than 40%. Transabdominal pancreas biopsy shows a lymphoplasmacytic infiltration with fibrosis and IgG4/IgG positive plasma cell ratio 72% and IgG4-related autoimmune pancreatitis. Urinalysis shows a proteinuria with hematuria. He was administered an anti-tuberculosis medication and steroid (0.5 mg/kg). The patient's condition improved with resolution of symptoms and resolved a urinary abnormalities and follow-up.

Keywords: Immunoglobulin G4 kidney disease, autoimmune pancreatitis, tuberculosis pericarditis, steroid

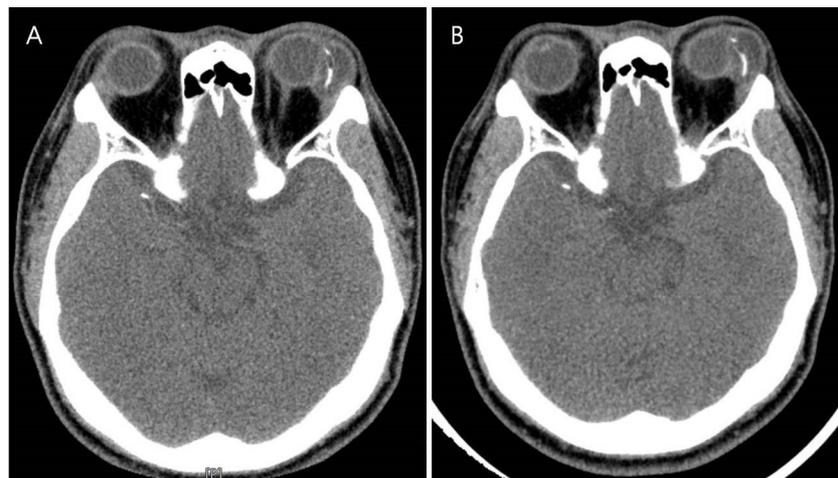


Fig. Orbit enhanced CT scan shows a 20*13.5mm septated cystic mass with septal calcified thickening at left lacrimal gland(A). 3 months later, lacrimal gland calcification is slightly resolved state.