

Colchicine-Induced Myopathy in a Patient with AKI: A Rare Case of Drug-Induced Myotoxicity

인제대학교 부산백병원 내과¹, 인제대학교 부산백병원 류마티스내과², 인제대학교 부산백병원 순환기내과³

최원¹, 조형진¹, 한다현¹, 강주연², 서정숙³

A 40-year-old man with familial dilated cardiomyopathy was hospitalized with acute kidney injury due to non-inflammatory diarrhea. He has been taking colchicine for 7 months to treat cutaneous vasculitis. After admission, the patient complained of muscle weakness in the lower extremities and also complained of paresthesia. Because the patient had various risk factors for cerebrovascular accident and also had undifferentiated cutaneous vasculitis, various differential diagnosis such as brain infarction, hemorrhage and inflammatory myositis should have been considered. Laboratory test showed elevated serum creatine phosphokinase (CPK), lactate dehydrogenase (LDH), creatinine levels. Although no abnormal findings were found in the central nervous system on the image studies, a heterogeneous increase in T2 signal intensity was observed at vastus lateralis, biceps femoris and gracilis muscles on left thigh magnetic resonance image (MRI). Electromyography and nerve conduction studies suggested both myopathy and sensory-motor polyneuropathy, and recognized that neuropathy and myopathy can occur simultaneously in colchicine-induced myopathies. After colchicine medication discontinued, CPK, LDH levels gradually normalized and symptoms recovered. Colchicine-induced myopathy is a rare adverse effect but is well established in the literature. Physicians should suspect that colchicine might be the cause when a patient who is using colchicine presented myopathy and neuropathy symptoms, and also needs to be aware that renal impairment is one of the major risk factors.

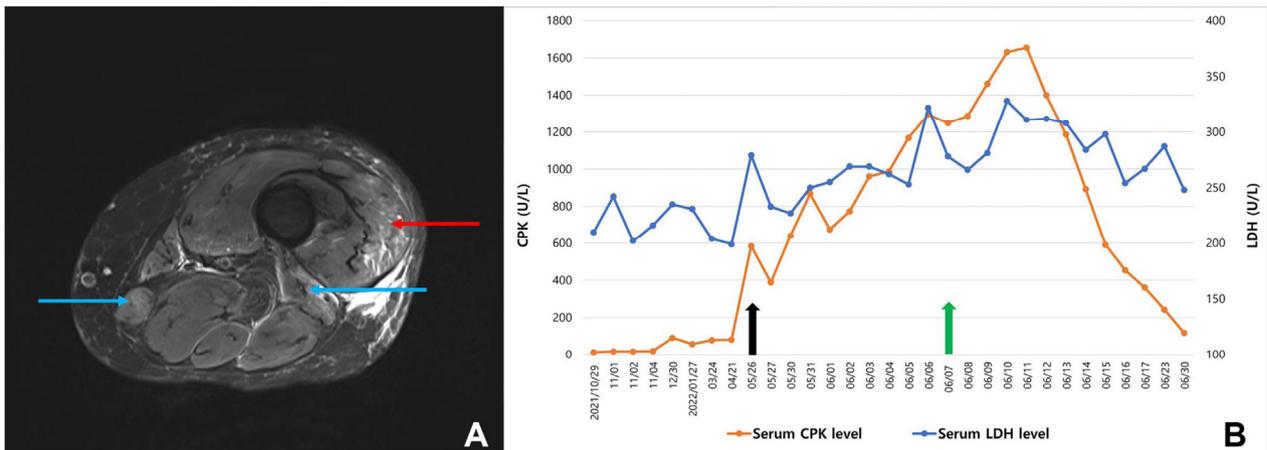


Figure 1 (A) is left thigh MRI findings of the patient, an axial image of a T2 Dixon technique MRI sequence. A strong increase in signal intensity was observed in the left vastus lateralis muscle (red arrow), and a mild increase in signal intensity was observed in the left biceps femoris and gracilis muscle (blue arrow). (B) is serial graph of serum CPK and LDH level of the patient. Dates on horizontal axis indicate when the follow-up laboratory tests were performed. Numbers on vertical axis indicate the CPK and LDH levels. May 26th on 2022 was the first day the patient hospitalized for acute kidney injury and lower leg weakness symptom (black arrow). June 7th colchicine was discontinued (green arrow).