■ Sun-449 ■

A형 인플루엔자 감염증과 연관되어 발생한 인슐린 저항성과 연관된 당뇨 1 예: 증례보고

홉킨스 전일내과, 전주

*전기엽

A형 인플루엔자에 관련된 당뇨병은 인플루엔자 바이러스를 파괴하도록 만들어진 T-cells 가 췌장에 자가면역 반응성 염증을 일으켜서 췌장의 베타 세포를 파괴하는 췌장염과 연관되어 발생한다고 보고되어 있다. 그러나 24세 한국인 여성에서 A형 인플루엔자 감염과 연관되어 췌장염의 증거가 없이 (amylase 47 <100, lipase 19 <60) 공복시 HOMA-IR 16.1 (공복혈당 121mg/dL, 공복 인슐린 53.84 mIU/mL, C-peptide 5.57 ng/ml), 식후 2시간 후 HOMA-IR 39.8 (식후혈당 206mg/dL, 식후 인슐린 78.30 mIU/mL, C-peptide 7.51 ng/ml)을 보인 인슐린 저항성과 연관된 당뇨병이 발생하여, 인플루엔자 감염의 소실과 함께 혈당과 인슐린 등이 정상화된 **증례 1** 예를 경험하였다.

	입원 1일 (PP2H)	입원 3일 (Fasting)
WBC	5,500	4,000
Fasting glucose		121
PP2H glucose	206	
cholesterol	159	161
Tg	35	98
HA1C		5.3
Insulin	78.30	53.84
C-peptide	7.51	5.57
Amylase	47	53
Lipase	19	25
Urine glucose	1+	-
Urine Ketone	2+	-
Micro Bacteria	A few	-
Uric Acid		4.1

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Nonresolving subhepatic abscess after cholecystectomy

[1]충남대학교병원, [2]충남대학교 의과대학

*이주연[1], 손경목[1,2], 김정옥[1,2], 천신혜[1,2], 김연숙[1,2]

A 51-year-old woman was transferred to our hospital due to multiple intra-abdominal abscesses after surgery. The patient had undergone laparoscopic cholecystectomy and common bile duct sludge removal three months before visiting our hospital. She complained of right upper quadrant (RUQ) pain approximately two months after cholecystectomy and a computed tomography (CT) scan revealed variable small intra-abdominal abscesses around the operation field (the largest one measuring 3 cm in diameter). All the abscesses except one were resolved after three months intravenous and oral antibiotics. Serial CT scans showed a remnant approximately 1.5 cm-sized abscess in the subhepatic area. The lesion remained unchanged for 2 years and she felt intermittent RUQ pain and discomfort in the meantime. We resected the small abscess because of not responding to medical therapies and the patient's persistent pain. The specimen showed that the pathology of chronic granulomatous inflammation with suppurative necrosis. The pathologist suggested Candida or Yersinia infections but special stains revealed no additional information. We found a small stone-like object measuring 0.8 X 0.5 cm in size from the tissue (figure 1). The physical analysis using infrared spectroscopy showed that the stone-like one was a cholesterol stone. Conclusively, she suffered from a possible spilled gall stone during the surgery. According to the literature, laparoscopic cholecystectomy is associated with spillage of gall stones in 5%–40% of procedures but complications occur very rarely. However, stones with the foci of infections should be completely removed for cure. The patient is still complaining of RUQ pain even 3 years passed since the complete removal of the chronic abscess. If spillage occurred it should be recorded clearly. Clinicians need to be aware of retained foreign bodies such as gall stones for nonresolving abscesses after cholecystectomy. An early intervention may reduce possible comorbidities like chronic pain in this patient.

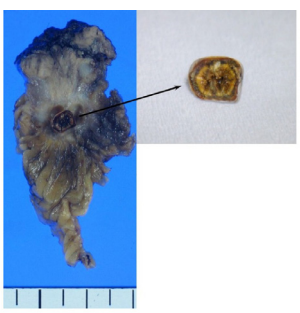

Figure 1. The resected specimen. Pathology revealed chronic granulomatous inflammation and a retained cholesterol stone.