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Case of Nephrogenic DI associated with antiviral agent that resolved by Thiazide and indomethacin.

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Nephrogenic diabetes insipidus (DI) results from partial or complete resistance of the kidney to the effects of antidiuretic hormone. As a result, patients with this disorder are not likely to have a good response to hormone administration (as dDAVP) or to drugs that increase either the renal response to ADH or ADH secretion. 48-year-old man was admitted to hospital with severe headache, fever, sleeping tendency. He was diagnosed as viral meningitis by CSF tapping exam. Symptom was improved after taking IV antiviral agent (acyclovir). But 3days after applying antiviral agent, His urine output increased to 9,000 cc per day. First, weapply dDAVP due to possility of central DI, but dDAVP has no effect. After Water deprivate test, his Sx. was diagnosed nephrogenic DI. So, we used oral thiazide and indomethacin and 7 days later, his urine output was decreased to normal range. He recovered and discharged in one month without sequelae.

■ S-342 ■

Posterior reversible encephalopathy syndrome in patient with Anti-GBM glomerulonephritis

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Posterior reversible encephalopathy syndrome(PRES) is characterized by sudden onset of headache, elevated blood pressure, visual loss, seizure and encephalopathy in the individuals with some co-morbid conditions like hypertension, renal disease, dialysis dependency, connective tissue disease, and transplantation.According to the reported case up to now, hypertension and underlying diseases are known to be associated with large generation of PRES, for example malignant hypertensive disease, systemic lupus erythematosus, chronic renal failure and acute renal failure, organ transplant immunosuppressant use. Of these, the case of PRES associated with connective tissue disease is described in many patients with systemic lupus erythematosis. Some others, according to a recent case report, the patient was found that was treating Anti-GBM antibody syndrome were five times the onset of the PRES and there was no case of PRES with anti-GBM glomerulonephritis. In our case, patient came to our medical center due to symptoms of fever and reduced urine output. Withkidney biopsy and special chemistry test, she was diagnosed with Anti-GBM glomerulonephritis. She was effected only kidney, her final diagnosis was Anti-GBM glomerulonephritis. During treatment, abrupt elevation of blood pressure and emergence of neurological symptoms made her admit to intensive care unit. Eventually, she was diagnosed with PRES in Anti-GBM glomerulonephritis. Our patient had only symptoms of fever and chilling sense and that's the why she had delayed diagnosis. If she had hemoptysis or other symptoms, her diagnosis and treatment would have been managed a little bit earlier and the course of a disease might have more good shape and PRES also could not been emerged.