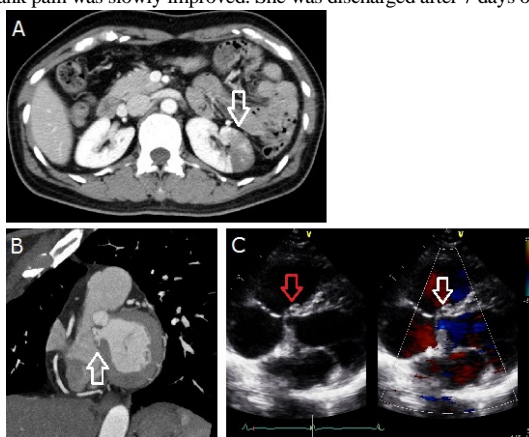


# Acute renal infarction related to membranous ventricular septal aneurysm

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Membranous ventricular septal aneurysm(MVSA) is a rare cardiac anomaly and predisposes the patients to thrombogenic and arrhythmogenic events. MVSA-related cerebral stroke has been documented in several reports. Here, we report the first case of acute renal infarction related with MVSA. A 46-year-old non-smoking woman presented to the emergency department with sudden left-sided flank pain. She was healthy and had no previous medical history. Physical examination revealed left upper and lower quadrants tenderness. Contrast-enhanced abdomen computed tomography(CT) revealed left renal infarction with patent renal artery. Electrocardiogram showed normal sinus rhythm. We carried out additional examination for the possible source of emboli or a thrombophilic state and started on enoxaparin, 60mg twice daily. The transthoracic echocardiography showed a sack-like aneurysm of the membranous ventricular septum, approximately 1cm in size, protruding into the right ventricle without abnormal shunt flow. Agitated saline test proved the absence of abnormal shunt. Cardiac CT demonstrated lobular shaped MVSA bulging toward the right ventricle. There was no evidence of any arrhythmia in 24-hour Holter monitoring. We concluded that MVSA was the most likely source of emboli responsible for renal infarction. We switched enoxaparin to warfarin and her flank pain was slowly improved. She was discharged after 7 days on warfarin.



# Association between fluid intake and chronic kidney disease in Korean adults (KNHANES 2013-2015)

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**Background:** especially in Asians. The purpose of this study was to determine the association between fluid intake and the presence of chronic kidney disease (CKD) in Korean adults using a nationwide health survey. **Methods:** In this cross-sectional study, we analyzed 9,892 participants aged  $\geq 19$  from Korea National Health and Nutrition Examination Survey (KNHANES) 2013-2015. Total fluid intake was calculated as the sum of the amount of drinking water and water in the food, and these values were measured by 24-hour recall method. CKD was defined as  $eGFR < 60 \text{ ml/min/1.73 m}^2$  or urine dipstick albuminuria  $> 1+$ . **Results:** The overall prevalence of CKD was 8.6%. Participants were divided into three groups according to their tertile of fluid intake. The prevalence (%) of CKD was lower in participants with higher fluid intake (9.7, 9.1 and 7.2 for 1st, 2nd and 3rd tertile,  $p=0.005$ ). The mean fluid intake (mL/day) was higher in participants without CKD (2059.3 vs 2174.7,  $p=0.002$ ). According to multivariate logistic analysis adjusted for various risk factors, the odds ratio for CKD was 0.959 (0.791-1.164,  $p=0.674$ ) in the 2nd tertile and 0.721 (0.581-0.894) in the 3rd tertile, compared to the 1st tertile. **Conclusion:** Higher fluid intake was associated with lower prevalence of CKD in representative Korean adults. Further studies are warranted to verify the role of fluid intake in the prevention of CKD.

Fluid intake	Adjusted Odds ratio (95% CI)		
	Model 1	Model 2	Model 3
Lowest	Reference	Reference	Reference
Middle	0.902 (0.747-1.090)	0.937 (0.773-1.136)	0.959 (0.791-1.164)
Highest	0.676 (0.558-0.820)	0.693 (0.567-0.847)	0.721 (0.581-0.894)

Model 1 : adjustment for age, sex

Model 2 : adjustment for age, sex, education, income, BMI, hypertension, diabetes, dyslipidemia

Model 3 : adjustment for age, sex, education, income, BMI, hypertension, diabetes, dyslipidemia, alcohol intake, current smoking, physical activity, daily nutrition intake

CKD, chronic kidney disease; CI, confidence interval; BMI, body mass index