

Concurrent Acute hepatitis A and Grave's Disease

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Environmental factors are determinant for the appearance of autoimmune thyroid disease. Viral infections, such as, Coxsackie virus, hantaan virus, and Epstein-Barr virus, have been implicated in the induction of Graves' disease. However, there are no reports regarding Graves' disease associated with hepatitis A virus infection. A previously healthy 27-year-old woman presented with fever, myalgia and reduced appetite. Four days after onset of symptoms she was admitted. The laboratory investigation on admission showed highly elevated aspartate and alanine aminotransferases, marked elevation of alkaline phosphatase and gamma glutamyl transpeptidase as well as hyperthyroidism. Further testing revealed positive anti-hepatitis A virus IgM as well as autoantibodies for thyroid peroxidase (381.5 IU/mL; reference < 34.0 IU/mL) and thyroid stimulating hormone receptor (10.9 IU/L; reference < 1.75 IU/L). She had never had symptoms suggestive of hyperthyroidism and thyroid function test performed previously was normal. Thyroid sonography showed mild enlargement of both thyroid gland with heterogenous parenchymal echogenicity and there was no significantly increased vascularity. Acute hepatitis A was recovered by conservative management, however thyroid dysfunction was maintained. Methimazole was used to treat Graves' disease. We report the case of concurrent acute hepatitis A and Graves' disease in the patient without pre-existing thyroid disease. This suggests hepatitis A virus infection may be a trigger for autoimmune thyroid disease in susceptible individuals.

간동맥의 가성동맥류로 인한 출혈로 우연히 발견된 총담관-십이지장 누공

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총담관-십이지장 누공은 증상이 비특이적이거나 무증상인 경우가 많고, 흔하지 않기 때문에 우연히 발견되는 경우가 많다. 오심, 복통 등이 있는 환자에서 총담관-십이지장 누공을 우연히 발견한 증례는 과거에도 있었으나, 저자들은 복강 내 출혈로 인한 토혈을 주소로 내원한 환자에서 우연히 발견된 총담관-십이지장 누공을 경험하였기에 보고하는 바이다. 74세 남자 환자가 토혈을 주소로 내원하였다. 활력징후는 안정적이었으나 결막이 창백했고 상복부 압통이 있었다. 상부위장관 내시경에서 십이지장 구부에 출혈을 동반한 궤양이 관찰되어 내시경적 지혈술을 시행했다(Fig A). 이후 출혈의 징후가 지속되어 복부 CT 및 혈관 조영술을 시행했으나 출혈 병변을 확인하지 못했다. 환자는 외과에 의뢰되어 진단적 개복술을 시행했고 우측 간동맥의 가성동맥류 출혈이 확인되어 지혈을 시행했다. 또한, 총담관과 십이지장 사이의 누공이 관찰되었고 Roux-en-Y choledochojejunostomy, cholecystectomy, gastrojejunostomy를 시행했다(Fig B). 수술 후 16일째, 혈압저하 및 혈색소 감소로 시행한 복부 CT에서 총담관-십이지장 문합 부위의 출혈이 관찰되었고(Fig C) 혈관 조영술을 통해 우측 간동맥의 가성동맥류 출혈을 확인하여 covered stent를 삽입했다(Fig D). 이후 재출혈의 징후 관찰되지 않아 외래 경과관찰 중이다.

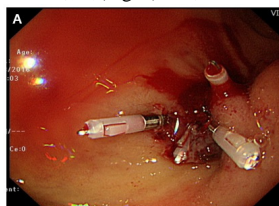


Fig A : Deep ulcer with blood pumping was noted on the duodenal bulb. Epinephrine was injected around ulcer and hemodipping was done.



Fig B : Gall bladder with diffuse wall thickening was shown. Roux-en-Y choledochojejunostomy, cholecystectomy and gastrojejunostomy were done.

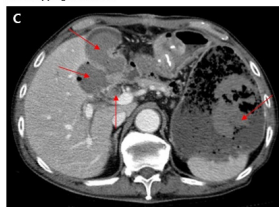


Fig C : Diffuse intraluminal hematoma at stomach and jejunum were noted. Hematoma around gallbladder and hemobilia were seen.



Fig D : A pseudoaneurysm was noted at right hepatic artery. Complete exclusion of the pseudoaneurysm was done with covered stent.