

中文題目：腎臟移植手術後併發的慢性腹痛罕見原因

英文題目：Chronic abdominal pain due to calcified renal allograft

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Case presentation:

A 64-year-old male hemodialysis patient was referred to our clinic due to symptoms of chronic abdominal pain. He suffered from chronic glomerulonephritis with end-stage renal disease and had undergone cadaveric renal transplantation 24 years prior. The transplant was complicated by graft failure within the first year after the surgery. Blood tests showed the following: hemoglobin, 9.9 g/dL (normal 13.5- 17.5 g/dL); leukocyte, $3.0 \times 10^3/\mu\text{L}$ (normal 3.9-10.6/ μL); blood urea nitrogen, 13 mg/dL (normal 6-21 mg/dL); creatinine, 4.78 mg/dL (normal 0.64-1.27 mg/dL); calcium, 8.8 mEq/L (normal 7.9-9.9 mEq/L); phosphorus, 2.8 mg/dL (2.4-4.7 mg/dL); intact-parathyroid hormone, 24.6 pg/mL (normal 14.0-72.0 pg/mL) and high-sensitivity C-reactive protein, 1.11 mg/L (normal <3.0 mg/L). The dialysis adequacy report demonstrated a Kt/V of 2.06 (normal >1.2) and a urea reduction ratio of 0.83 (normal >0.65). Notably, plain radiography and computed tomography of the abdomen revealed a complete calcification of the failed renal allograft.

Discussion:

The mechanism of calcification in this case remains to be elucidated, but factors such as chronic rejection or chronic kidney disease-mineral and bone disorder could be potential causes.