

김현경 · 김현아 · 장은정 · 서창희

= Abstract =

### Posterior Reversible Encephalopathy Syndrome in a Patient with Lupus Nephritis

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Posterior reversible encephalopathy syndrome (PRES) has been described in various clinical settings, including severe hypertension, eclampsia, lupus and immunosuppressive therapy. We report a 27 year-old female systemic lupus erythematosus patient who developed severe headache, seizure and hemiparesis during her lupus nephritis flare. Magnetic resonance image (MRI) showed multi-focal high signal intensity lesions in the parieto-occipital cortex bilaterally and in the subcortical white matter. Her condition improved with immunosuppressive treatments, antihypertensives and hemodialysis. The extent of her lesions decreased on follow-up MRI 2 months later. This case suggests that PRES can be treated with immunosuppressive drugs that do not increase blood pressure.

**Key Words:** Systemic lupus erythematosus, Posterior reversible encephalopathy syndrome, Lupus nephritis

서론

encephalopathy syndrome, PRES)

(posterior reversible

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( )

(1). 1996 Hinchey 2  
(flare) PRES 1 cyclosporine  
PRES 2

(2-4).

PRES (homogenous type), dsDNA 95 U/ml (0~7 U/ml)  
cardiolipin IgM 23.9 MPL  
cardiolipin IgG 35.1 GPL

증 례

환 자: 27  
주 소: 1  
현병력: 14  
dsDNA , 18  
(diffuse proliferative  
lupus nephritis) . 11  
6  
(flare) 4  
9  
1  
과거력 및 사회력:  
가족력:  
계통적 문진 및 신체 검진 소견:  
155/103 mmHg , 70 / , 20  
/ , 36.8°C

검사실 소견: 13,100/mm<sup>3</sup>  
( 78.9%, 9.8%), 7.4 g/dL,  
568,000/mm<sup>3</sup> , 70 mm/hr  
35.4 mg/dL,  
1.6 mg/dL, AST 11 U/L, ALT 5 U/L,  
8.0 g/dL, 2.3 g/dL . C3/C4  
23 mg/dL, 3 mg/dL , C-  
0.30 mg/d ( 0.02~0.80 mg/dL)  
3+, 3+,  
24 , 6 ,  
19.37 g/dL  
1 : 2,560  
PRES (homogenous type), dsDNA 95 U/ml (0~7 U/ml)  
cardiolipin IgM 23.9 MPL  
cardiolipin IgG 35.1 GPL

임상경과:  
SLEDAI 21, 2  
(solumedrol 500 mg/day, 2 ) , 4  
(mycophenolate mofetil 1 g/

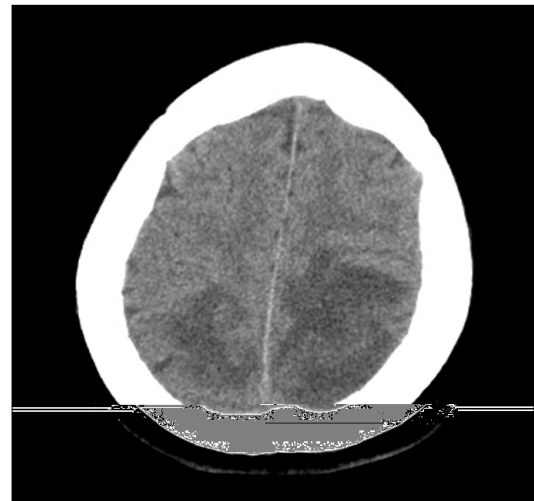
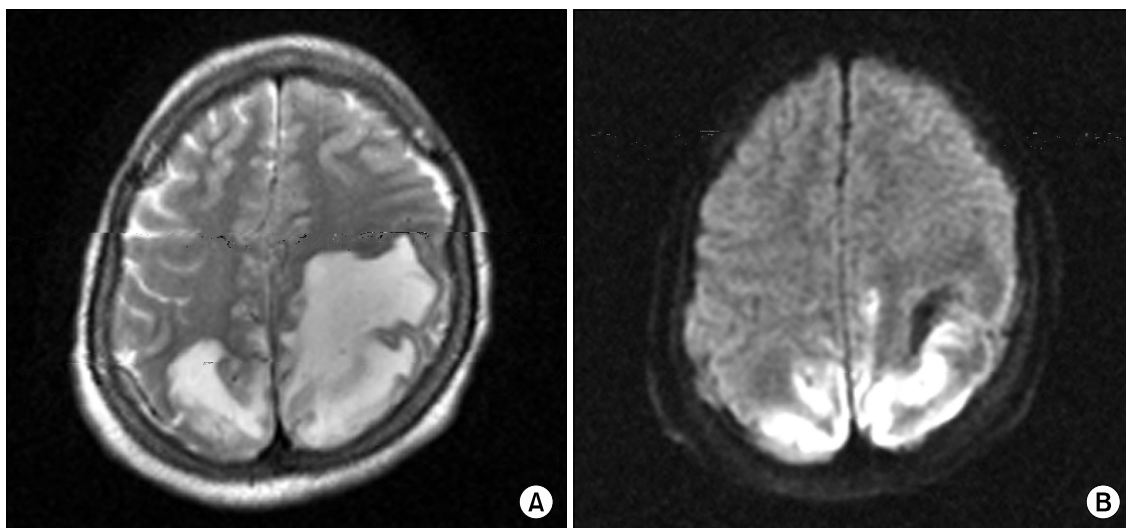
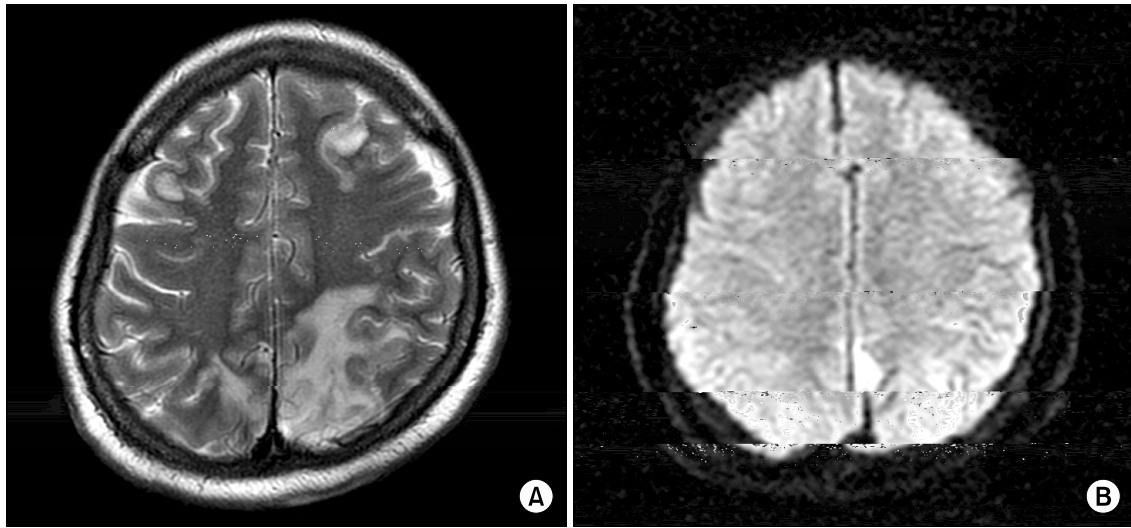


Fig. 1. Subcortical low-density edema is noted in the parieto-occipital areas bilaterally which is more prominent on the left side.

day) (prednisolone 60 mg/day) PRES la-  
 amlodipine, telmisartan, furosemide betalol, nicardipine  
 150/90 mmHg - (continuous veno-venous he-  
 , 13 modalysuis)  
 2.9 mg/dL 1  
 (solumedrol 1 g/day 1 ) tel-  
 misartan 16 grade II, grade I  
 ( 1) (confronting test)  
 17 , 20  
 (cyclophosphamide 1 g/day, 1 )  
 220/110 mmHg (methylprednisolone 62.5  
 4.3 mg/d , mg/day, 7 ) (prednisolone 40  
 , mg/day) 4  
 (phenytoin) 3  
 T2 phenytoin  
 ( 2A) ( 2B) 31



**Fig. 2.** Multi-focal high signal intensity lesions in the parieto-occipital areas bilaterally are more prominent on the left side than the right side on T2WI (A). Cortical infarction in the occipital cortex bilaterally is noted on diffusion-weighted image (B) with a focal low signal intensity lesion, suggesting possible hemorrhagic change.



**Fig. 3.** Follow-up MRI 2 months later shows much decreased multi-focal high signal intensities, bilateral parieto-occipital and small lesions in other areas of the brain parenchyma.

38 . cyclosporine  
 1 A, cytarabine, interferon- $\alpha$  cisplatin  
 ( PRES (1-8).  
 800/mm<sup>3</sup>) 2 (750 mg/day, 1 ) PRES  
 prednisolone 40 mg prednisolone 30 mg PRES  
 . 1 , 3 (1,9).  
 2.0 mg/dL PRES  
 . 2 (cerebrovascular autoregulation)  
 ( 3A, B) (blood-brain barrier)  
 . 1 prednisolone 25 . PRES  
 mg  
 .  
 고 찰  
 PRES PRES  
 ,  
 ,  
 ,  
 ,  
 (8,12,13).

— : —

PRES

PRES

(8).

, T1

, T2 FLAIR (fluid-attenuated inversion recovery)

(diffusion-weighted image)

PRES

cyclosporine

PRES

(apparent diffusion coefficient. ADC map)

PRES

(corona radiata),

(5).

(13,14).

PRES

요약

PRES

(neuropsychiatric lupus)

PRES

(15),

PRES

PRES

1

3

PRES

PRES

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