Poster No.240

That Bloody Kidney

Authors : M.M. Nornadia[1], JY. Wong[1], M.A. Sayyidi Mohd Azizi[1], I. Alzamani[1]

Institution : [1]*Emergency Department Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*

INTRODUCTION

- Renal hemorrhage is a rare cause of abdominal pain and can be easily missed. We report a case of an elderly gentleman with left renal hemorrhage detected by bedside ultrasound in emergency department.

CASE REPORT

- A 62 year old gentleman presented to the emergency department with history of abdominal pain for three days There was no history of trauma, fever or intestinal obstruction symptoms.
- He has End Stage Renal Failure (ESRF) and was taking Warfarin tablets for deep vein thrombosis.
- On examination, the patient was hypotensive and pale. Abdominal examination revealed a palpable mass over the left upper quadrant, measuring 10cm x 6cm which was firm, non-mobile and tender on palpation.
- Laboratory findings revealed white blood cell count of 5.26 x 10^9/L, hemoglobin 6.7g/dL, platelet count 220 x 10^9/L, lactate 16.8mmol/L, PT 45s, APTT 51.2s and INR 4.
- Bedside ultrasound over the left kidney showed gross hydronephrosis with heterogenous contents within the renal pyramids.
- Based on the clinical, laboratory and bedside ultrasound findings, the working diagnosis was left kidney hemorrhage secondary to overwarfarinization.
- The contrast-enhanced CT (CECT) Abdomen confirmed that there was spontaneous active left renal intraparenchymal hemorrhage with extensive perirenal hematoma.
- The patient underwent a left renal artery embolization and was transfused with 3 pints of packed cells and 4 units of fresh frozen plasma prior to this procedure.
- The abdominal pain resolved after the procedure and patient was discharged well subsequently and could carry on with hemodialysis for his ESRF.

DISCUSSION/CONCLUSION

- ESRF patients run the risk of being overwarfarinized leading to renal hemorrhage[1]. The diagnosis should be considered in patients who are taking Warfarin and presenting with abdominal pain and high lactate.
- High index of suspicion should be exercised for patients who are on anticoagulant
- In the event that CT is not available , renal hemorrhage could be detected quickly with the use of bedside ultrasound[2].
- This greatly aids in the facilitation of these patients for urgent renal artery embolization and improves mortality.

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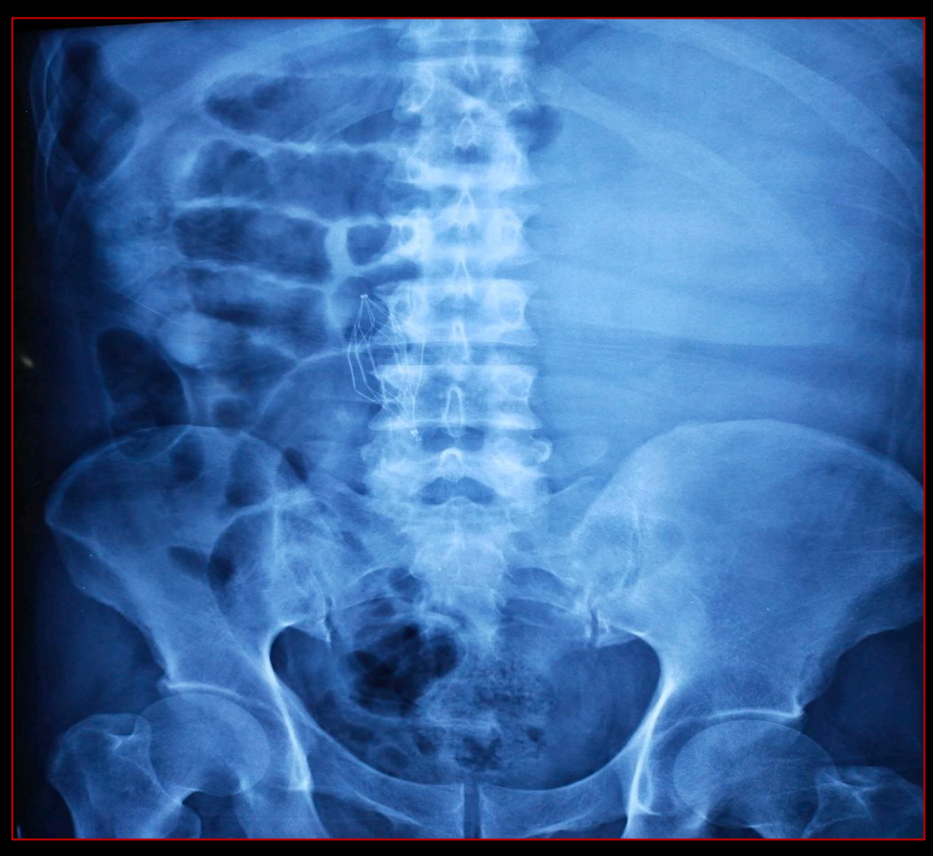

Figure 1: Abdominal x-ray showed opacity over left side of abdomen

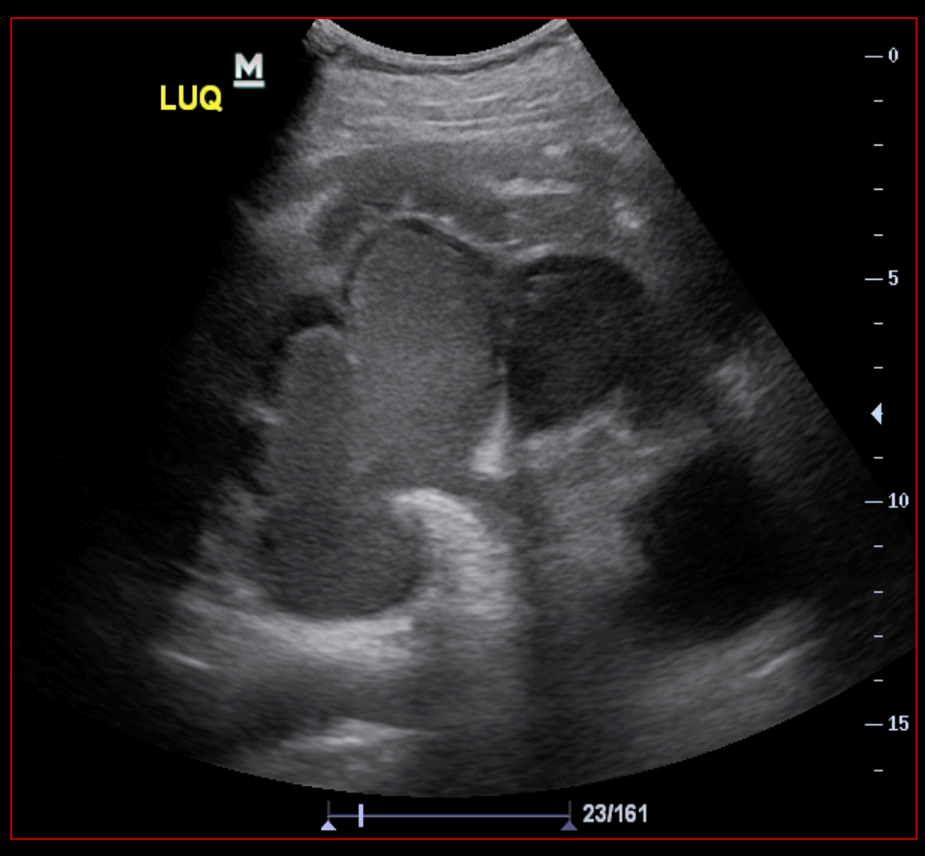

Figure 2: Bedside ultrasound image of Left Upper Quadrant (LUQ) showed gross hydronephrosis with heterogenous contents within the renal pyramids

Figure 3: CECT Abdomen showed spontaneous active left renal intraparenchymal hemorrhage with extensive perirenal hematoma and gross hydronephrosis

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