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## **Spontaneous Retroperitoneal Bleeding In Haemodialysis Patient: Series Of Unfortunate Events.**

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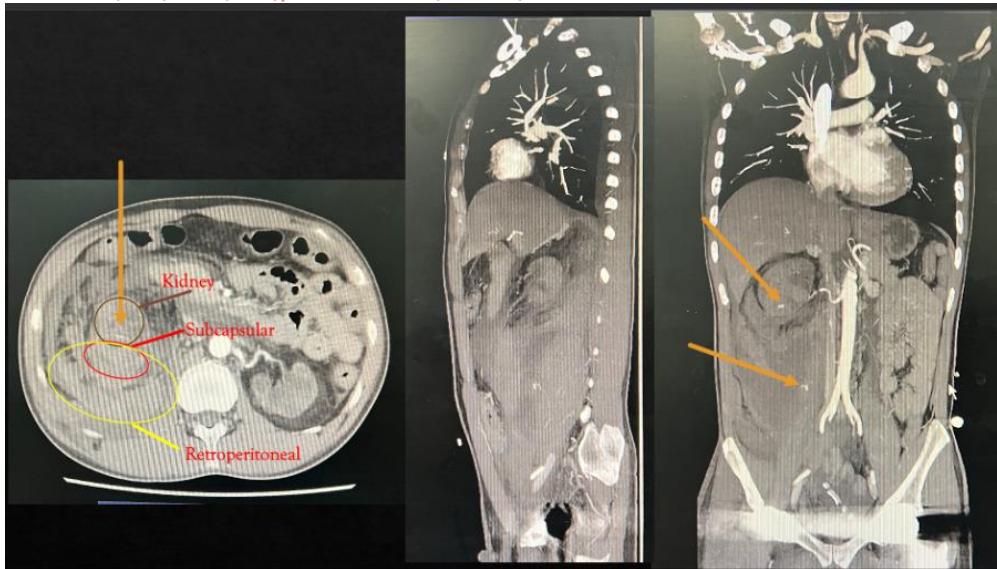
**Objectives :** We report a case of RB in ESKD patient on haemodialysis(HD) post right total hip replacement (THR).

**Methods :** Introduction: Retroperitoneal bleeding(RB) is uncommon especially in end stage kidney disease (ESKD). There are many possible causes such as both traumatic and non-traumatic. In view of the anatomy, the clinical symptom is rather vague ranging from backpain to localised flank pain. RB can be lethal and early treatment can save lives.

**Results :** We describe a case of a 22-year old male with ESKD secondary to focal sclerosis glomerulosclerosis (FSGS) from kidney biopsy in 2016. No improvement seen despite a few courses of oral steroids and tacrolimus. He developed glaucoma and bilateral hip avascular necrosis (AVN) from steroid toxicity. He progressed to ESKD in September 2018 and opted for automated peritoneal dialysis(APD) in which, converted to HD in July 2020 for poor solute clearance. Left THR was performed in 2019 and right THR in July 2023 in view of poor BP control. He received spinal and epidural anaesthesia combining with ultrasound-guided right fascia iliaca block. Full-heparin HD prescribed after 2 weeks post-operation. Three-weeks post-operation, he developed right flank pain. Foam roller massage was used for pain relief. Two-hours into HD, a 'pop' sensation felt at his right flank, followed by intense pain, vomiting and intradialytic-hypotension. An urgent CT-angiography(CTA), was performed and showed small bilateral acquired cystic kidneys(AKC), extensive hematoma 13.9x14.7 x 27 cm with mass effect displacing the bowel and active bleed. The right renal artery(RA) was embolized. The following day, another CTA was performed and showed persistent bleeding from right lumbar artery and was embolized. Another embolization of the right RA later, with coil deployment and Gelfoam infusion as he required multiple massive blood transfusion. Only after the 3<sup>rd</sup> embolization, he remains stable.

**Conclusions :** This case highlights an unusual case of retroperitoneal bleeding in ESKD.

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