

단일 신장을 가진 레리시 증후군 환자에서 경액와 접근법을 통한 신동맥 성형술 및 스텐트 삽입술

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Transaxillary Renal Artery Angioplasty and Stenting in a Single Kidney Patient with Leriche Syndrome

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Renovascular hypertension (RVH) is generally considered to be responsible for 2–5% of hypertensive patients. Patients with hypertension and renal artery stenosis (RAS) are often treated with percutaneous transluminal renal angioplasty with femoral or brachial vascular access. Leriche syndrome is characterized by the triad of symptoms consisting of absent or diminished femoral pulses, claudication or pain with walking in the buttocks and legs and penile impotence. Leriche syndrome with renal artery stenosis is not uncommon. We encountered a patients with RAS, Leriche syndrome and single kidney and successfully treated by transaxillary renal artery angioplasty and stenting. A 51-year-old man was admitted to our hospital for assessment of uncontrolled hypertension. He had traffic accident at 16-year-old and right nephrectomy at 39-year-old because of right renal staghorn stone. Physical examination showed paraplegia with severe contracture in both lower extremities, auscultation of abdominal bruit, bilateral absence of femoral arterial pulsation, and uncontrolled blood pressure (165/90) despite amlodipine 10 mg, atenolol 50 mg and minoxidil 10 mg. The serum electrolyte was normal range. His initial serum BUN and creatinine level was 15 mg/dL and 1.3 mg/dL respectively. ECG was normal and echocardiography showed borderline concentric left ventricle hypertrophy with normal left ventricle contractility. CT angiography showed complete occlusion of infrarenal abdominal aorta due to thrombosis, absence of right kidney and stenosis of proximal left renal artery. We considered that he had aortoiliac occlusion resulting from past traffic accident. We conducted angiography with axillary artery approach because of aortoiliac occlusion. The angiography showed progressive narrowing of lower abdominal aorta and focal and severe stenosis of left renal artery. As residual stenosis (40~50%) remained after balloon angioplasty, we inserted 6×18mm stent and no residual stenosis remained. His blood pressure gradually improved after procedure. His blood pressure is well controlled with amlodipine 5 mg.

Conclusion : We experienced successful treatment of transaxillary renal artery angioplasty and stenting in a single kidney patient with Leriche syndrome. Transaxillary approach might be useful in the treatment of single kidney RAS when we could not approach by femoral artery due to aortoiliac occlusion like Leriche syndrome.