

고혈압과 신부전으로 내원한 성인에서 진단된 복부 대동맥 축삭증

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Coarctation of the Abdominal Aorta Associated with Severe Hypertension and Renal Failure ; Case Report

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Introduction : Coarctation of the abdominal aorta as a congenital disease is infrequent, the diagnosis mostly being made at an early age because of renovascular hypertension. Patients who reach the age of 40 more often tend to have the problems located distally to the renal arteries. We describe a 54-year-old female with uncontrolled hypertension and renal failure secondary to coarctation of infrarenal abdominal aorta and hypoplastic renal arteries, a very uncommon case.

Case : She was presented with uncontrolled hypertension, dyspnea and edema. Hypertension was first diagnosed 1 year ago and managed with antihypertensive drugs (olmesartan, amlodipine, bisoprolol, and thiazide). She had no symptoms of claudication or abdominal angina. Brachial arterial blood pressures were 180/110 mmHg bilaterally and posterior tibial systolic pressures were 70 mmHg lower than brachial pressure on the both sides. Serum creatinine was 6.1mg/dL and urinalysis was clear. Four month ago, serum creatinine was 1.6 mg/dL. Biochemical tests gave no indication of inflammatory disease. Percutaneous transaxillary aortography disclosed the total occlusion of abdominal aorta just below the superior mesenteric artery. The Right kidney was 7.7 cm and the Left 10.4 cm long and both small renal arteries were supplied from collateral vessels with decreased parenchymal enhancement. Abundant collateral arteries in mesentery, abdominal wall and pelvic cavity, reconstitution of bilateral internal iliac arteries via rectal branches and reconstitution of bilateral external iliac arteries via circumference iliac arteries were identified. Medical control of hypertension was possible and reconstruction was found to be impossible. Patient underwent hemodialysis.

Conclusion : We reported one case of infrarenal abdominal aortic coarctation of unknown etiology in middle aged woman. Abdominal aortic coarctation is infrequent, and its infrarenal form can be revealed late, particularly when a stenotic part becomes occluded and thrombotic complication involves the renal arteries that problems occurred the form of renovascular hypertension with impaired renal function. In middle aged patients with the described symptoms, abdominal coarctation should be included in the differential diagnosis.

Key Words : 대동맥 축삭증, 고혈압, 신부전

Aortic coarctation, Hypertension, Renal failure