

자발성 신혈관내 혈종에 의한 신경색 1예

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박시형, 이가희, 진규복, 노태훈, 강정선, 전유선, 김양욱, 박봉수

Renal Infarction Resulting from Primary Intramural Hematoma of Renal Artery: A Case Report

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Acute renal infarction is a relatively rare disease which presented with non-specific symptoms. Since that, It could make impaired renal function due to delayed diagnosis and treatment. The major causes of renal infarction are thromboembolic events and renal artery injuries. About 30% of renal infarction may be occurred by renal artery injury like renal artery dissection and fibromuscular dysplasia. But, non-traumatic renal artery dissection is rare. Here we report a case of renal infarction which induced by anterior segmental renal artery intramural hematoma as a variant form of arterial dissection. A captain of the ship, 46-year-old man presented with acute right upper abdominal pain. He was current smoker with 30 pack-year and denied other medical conditions like hypertension or diabetes. His vital signs were 160/90 mmHg for blood pressure and 89 beats/min for pulse rate. Physical exam revealed soft abdomen without tenderness or rebound tenderness but there was right costovertebral angle tenderness. Blood urea nitrogen was 11.8 mg/dL, serum creatinine was 0.87 mg/dL, lactate dehydrogenase was 1261 IU/L. Abdominal computed tomography revealed wedge shape of hypo-density on right kidney. We started continuous heparin administration because most common cause of renal infarction was thromboembolic event. But, there were no abnormalities with echocardiography, 24hr holter monitor and test for hypercoagulability. So, multidetector computed tomography angiography was performed and revealed anterior segmental renal artery intramural hematoma with distal occlusions in right kidney. We stopped heparin infusion and did intensive antihypertensive treatment without angioplasty. After 2 months later, there was about 40% improvement renal infarction size than previous image with stable renal function.

Key Words: 신경색, 신동맥내 혈전, 자발성

Renal infarction, Intramural hematoma, Primary



Perfusion defects which sharply demarcated low attenuated lesion in lateral portion of right kidney without thromboembolism in main vessels.

Intramural hematoma of anterior segmental artery of right kidney with distal occlusion.