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A case report of pseudoaneurysm of the esophageal artery and Takayasu arteritis in an autosomal dominant polycystic kidney disease patient

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Introduction: Autosomal dominant polycystic kidney disease (ADPKD) is the most common inherited renal disease. In addition to affecting the kidneys, ADPKD has various extrarenal manifestations, including vascular abnormalities such as cerebral or coronary aneurysm, aortic aneurysm, or dissection. We present the case of an ADPKD patient who was diagnosed with pseudoaneurysm of the esophageal artery and Takayasu arteritis.

Case description: A 47-year-old woman who was diagnosed with severe polycystic liver disease with ADPKD 10 years previously visited the emergency room due to sudden pain in the upper abdomen and back. The patient's blood pressure at the time of hospitalization was 140/100 mm Hg, her heart rate was 62 beats per minute, her respiratory rate was 18 breaths per minute, and her temperature was 36.3°C. The laboratory findings showed a white blood cell count of 12,770/μL, a hemoglobin count of 13.5 g/dL, a platelet count of 184,000/ μL, a blood urea nitrogen level of 15 mg/dL, a creatinine level of 0.85 mg/dL, and a C-reactive protein level of 0.35 mg/dL. A computed tomography (CT) angiography showed pseudoaneurysm of the esophageal artery and hematoma along the esophagus. Angiography was urgently performed, and radiologic embolization was conducted of the pseudoaneurysm of the esophageal artery. After the procedure, the patient was discharged from the hospital once the pain subsided and no further bleeding was expected. A CT angiography was done on both arms due to a difference of 30 mm Hg in the blood pressure of each arm (right-side blood pressure, 124/77 mm Hg; left-side blood pressure, 156/74 mm Hg). This revealed that the patient also had Takayasu arteritis. Positron emission tomography conducted to confirm inflammation did not show any concerning signs of active vasculitis. The patient is currently remotely monitored, on low-dose aspirin (100 mg once per day), and has not shown any signs of complications.

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Discussion : Considering the mechanism of the disease, it is reasonable to suppose that the pseudoaneurysm of esophageal artery arose from ADPKD or Takayasu arteritis. However, this is the first such case to be reported in Korea. Clinicians should be aware that, in addition to cerebral aneurysms and coronary aneurysms, esophageal aneurysms can also be a potentially fatal complication of ADPKD.

Keywords : Autosomal dominant polycystic kidney disease (ADPKD), aneurysms, Takayasu arteritis