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Multiple arterial thrombosis in nephrotic syndrome

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Case Study: Introduction: Thrombosis is one of the well-known complications in nephrotic syndrome. Venous thrombosis such as, deep vein thrombosis, renal vein thrombosis, is common. Arterial thromboses are relatively rare and has been reported a few cases, especially multifocal thrombosis. The annual incidence of arterial thromboembolism in patients with nephrotic syndrome is reported 1.48%. Here we describe one patient with nephrotic syndrome who developed small bowel infarction and right renal infarction, which was related multiple arterial thrombosis.

Case report: A 44-year-old man, who was previously diagnosed as minimal change disease, visited our emergency room with right flank pain and intermittent pain on his left upper quadrant abdomen. Laboratory datas were revealed as follows: white blood cell count of 14,000/mm³, hematocrit of 45.3% with hemoglobin of 16.0 g/dl, and platelet count of 303,000/mm³. The blood urea nitrogen was 18.4 mg/dl, the creatinine was 0.91 mg/dl, the albumin was 2.7 g/dl, the total cholesterol was 355 mg/dl. Urinalysis revealed 3+ proteinuria (spot urine protein-to-creatinine ratio was 16.01 g/g creatinine). The CT scan revealed that was wedge shaped decreased perfusion in right kidney lower pole and decreased wall enhancement in short segmental small bowel in Left side of the abdomen with decreased enhancement of the vasa recta supplying the corresponding segment. We started anticoagulation with intravenous heparin for renal infarction and small bowel ischemia, and considered renal biopsy. And after starting anticoagulation, his abdominal pain was improved dramatically. As kidney biopsy revealed minimal change disease, we started prednisone 1mg/kg daily and switched anticoagulation with unfractionated heparin to warfarin 5mg.

Discussion: Patients with nephrotic syndrome may develop vascular occlusion due to hypercoagulability. If there are any suspicious symptoms, it is advisable to perform an image test. If you miss the timing of treatment, it can lead to irreversible outcomes.

Figure1. Right renal infarction

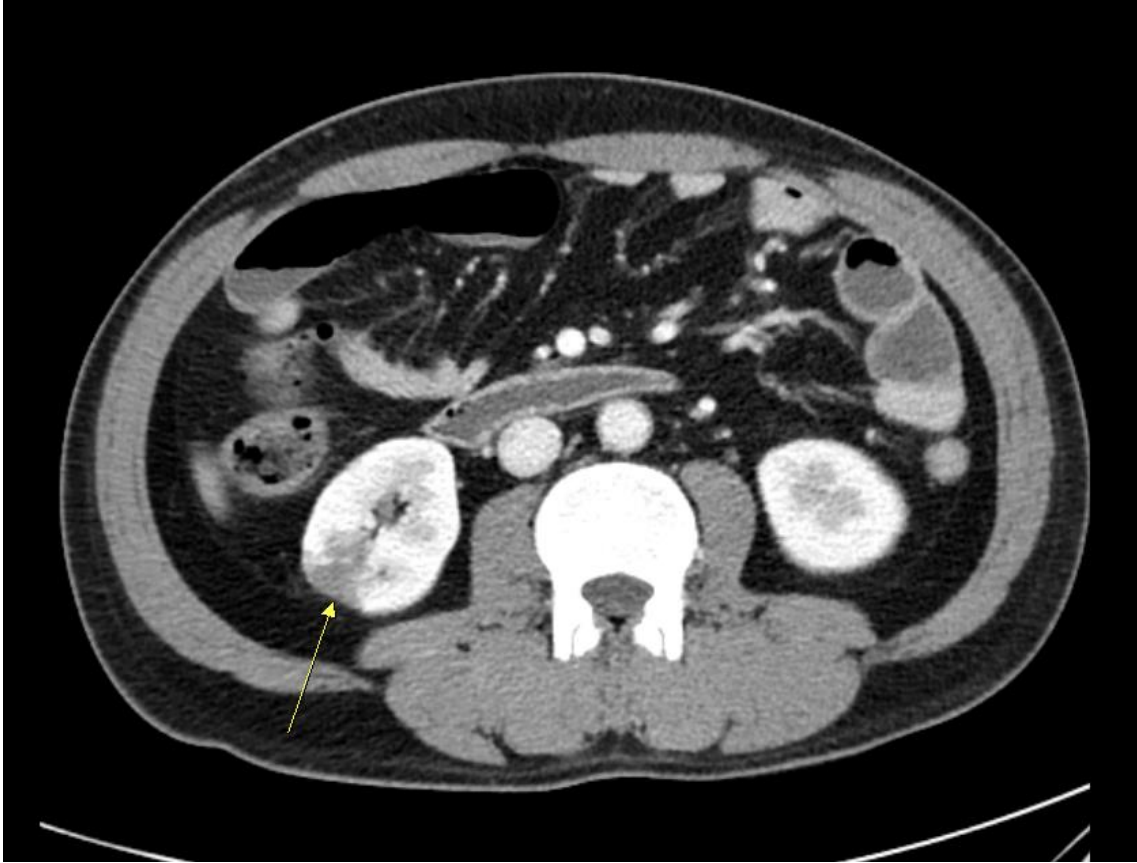


Figure2. Small bowel ischemia

