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A case of spontaneous cyst bleeding, treated by renal artery embolization in ADPKD patient simultaneous with chronic ITP

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Case Study: The autosomal dominant polycystic kidney disease (ADPKD) is the most common inherited renal disease. There are many complications of ADPKD including pain, hematuria, stone formation, infections, hypertension, cyst bleeding and spontaneous rupture. Idiopathic thrombocytopenic purpura usually presents with minor bleeding such as petechia and purpura, but rarely life-threatening events such as intracranial and intra-abdominal bleedings. The ADPKD patient simultaneous with chronic ITP is very rare, and these two diseases are not related each other. There was a ADPKD patient diagnosed with ITP and complicated with serious spontaneous cyst bleeding. We report successful management with renal artery embolization in patients with spontaneous, intractable cyst hemorrhage with ADPKD and ITP.

Case: A 26-year-old male patient visited to ER with RUQ abdominal pain. Blood pressure were 117/68 mmHg, heart rate 103/min, respiration rate 22/min and body temperature 38.8°C. The patient diagnosed simultaneous ADPKD with chronic ITP and received medical treatment in department of hematology. In complete blood count, Hb 11.9g/dL, Platelet was 9,000/uL and blood coagulation profile was PT(INR) 1.15 ratio. In blood chemistry, total protein, albumin, BUN/Cr were 6.5mg/dL, 3.9mg/dL, 27.0/1.90mg/dL. CT scan showed large variable sized, innumerable renal cysts in both kidneys and there was one large renal cyst with huge hematoma in right kidney. Despite 2 cycles of IVIg infusion and massive PRC, Platelet & FFP, cryoprecipitate transfusion and hemostatic agent injection for 2 weeks, bleeding was not controlled and Hb level didn't increase and RUQ pain persisted. On 20th admission day, angiography was done but couldn't localize the bleeding artery. So total right renal artery embolization was performed. On 21st admission day, hemoglobin remained stable around 10g/dL and flank pain reduced to NRS 2 point. On 25th admission day, the patient discharged. Four days after discharge, follow-up abdominal CT showed no new active bleeding in cysts of right kidney.

Renal cyst rupture(APCT)

