

Abstract Type : Poster

Abstract Submission No. : PO-1494

Bilateral acute renal infarction in Eisenmenger's syndrome

Sehyun Jung¹, Se-Ho Chang¹, Hyun-Jung Kim¹, Hyun Seop Cho¹, Ha Nee Jang¹, Dong Jun Park², TAE WON LEE², Eunjin Bae², Seunghye Lee¹

¹Department of Internal Medicine-Nephrology, Gyeongsang National University Hospital, Korea, Republic of

²Department of Internal Medicine-Nephrology, Gyeongsang National University Changwon Hospital, Korea, Republic of

Case Study: Introduction: Bilateral acute renal infarction is a rare condition that can occur due to hypercoagulable state or cardiogenic problems. Pulmonary artery thrombus has been rarely reported in Eisenmenger's syndrome, but renal infarction has not been reported. We report a rare case bilateral acute renal infarction with Eisenmenger's syndrome.

Case: A 52-year-old male with a history of with Eisenmenger's syndrome and erythrocytosis presented to the emergency room with flank pain and vomiting. There were no abnormal findings on abdominal X-ray. And there was no history of nephrolithiasis. Laboratory studies on presentation showed an elevated serum creatinine concentration and microscopic hematuria. The hemoglobin level, troponin-I level, and lactate dehydrogenase level were elevated. Diagnostic tests were performed. Contrast-enhanced computed tomography revealed total occlusion in left main renal artery and right renal arterial branch. Immediately after diagnosis of acute bilateral renal infarction, we performed thrombolytics and aspiration thrombectomy on the left main renal artery. After the procedure, renal perfusion and abdominal pain were improved. And the creatinine level also improved from 3.05 to 1.48 milligram per deciliter.