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**ACUTE AORTOILIAC THROMBOSIS in MINIMAL CHANGE DISEASE: a case
report**

Kyeong Min Kim, Soyoung Lee, Byungkook Yoon, Sangho Lee
Department of Internal Medicine-Nephrology, Eulji University Hospital, Korea, Republic of

Case Study: Thromboembolic complication is an important and frequent complication in patients with the nephrotic syndrome (NS). Pulmonary thromboembolism, renal vein thrombosis, and deep vein thrombosis are the most common venous thromboembolic diseases in patients with NS, while arterial thromboembolic complications are relatively rare but more serious. A 46-year-old male patient with past medical history of hypertension and biopsy-proven minimal change disease (MCD) presented himself to our emergency department due to progressive development of severe pain, weakness and numbness of lower extremities and back pain for 6 hours. The patient had been taking 1 milligram per kilogram of prednisolone since the second MCD recurrence was confirmed at the outpatient clinic five days ago. The findings of physical examination showed that he had bilateral cold feet, impalpable bilateral dorsalis pedis and posterior tibial arteries. Initial laboratory data revealed a white blood cell count of 18,780/ μ l, hematocrit of 52.9%, platelet count of 240,000/ μ l, serum total protein concentration of 4.1 g/dl, albumin concentration of 1.9 g/dl, Blood urea nitrogen 24 mg/dL, creatinine 0.60 mg/dL. The computed tomography 3D angiography showed a total thrombotic occlusion of abdominal aorta and bilateral common iliac artery and contrast filling defect at both external iliac artery, left internal iliac artery, beneath both popliteal artery. Abdominal blood flow was stopped at the aortoiliac region. The patient received emergent Fogarty embolectomy and was started anticoagulation. The patient is currently in remission of nephrotic syndrome after a course of oral steroid treatment. Both of his lower limbs are fully salvaged without long-term sequela. It is known that steroids tend to aggravate the existing tendency of blood clotting. Therefore, steroid administration should closely monitor the occurrence and recurrence of thrombosis, and anticoagulation should be considered.

Figure 1. CT angiography finding showing total occlusion at lower abdominal aorta



Figure 2. 3D CT angiography finding showing total occlusion at lower abdominal aorta and both common iliac artery

