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Bilateral Perinephric Hematoma with Acute Kidney Injury Following Intramuscular Stimulation Therapy: A Case Report

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Case Study : A 72-year-old female with a history of chronic heart failure presented to a local emergency department with an acute onset of nausea, abdominal pain, and multiple episodes of vomiting. A computed tomography (CT) scan revealed bilateral subcapsular perirenal hematomas and acute kidney injury (AKI), prompting her transfer to our hospital for further evaluation and management (Figure 1-A, B). She had no history of anticoagulant use or recent trauma, except for intramuscular stimulation (IMS) therapy for chronic back pain over the past few months. Upon admission, she developed oliguria and underwent six sessions of hemodialysis over 11 days. Her renal function gradually improved, and dialysis was discontinued. Follow-up CT on hospital day 25 showed no significant changes in the hematomas, and conservative management was continued. However, a repeat CT on day 35 revealed newly developed abscesses in both kidneys (Figure 1-C, D), leading to percutaneous catheter drainage (PCD) insertion on day 37. The daily drainage output progressively decreased, and follow-up kidney ECT on day 41 demonstrated improvement in the abscesses (Figure 1-E, F), leading to the removal of both PCDs on day 46. By the time of hospital discharge, her serum creatinine levels had returned to baseline, and a Tc-99m DTPA scan showed a total glomerular filtration rate of 53.04 mL/min. She remains stable with normal renal function during the one-year follow-up period after discharge. This case highlights IMS therapy as a potential cause of perirenal hematoma leading to AKI, even in patients without coagulopathy. Physicians should consider this rare but serious complication when evaluating patients with unexplained renal hematomas following IMS therapy.

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