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## **Spontaneous bilateral subcapsular renal hematoma in a 30-year-old woman**

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**Case Study:** Spontaneous renal hematoma is rarely reported in clinical practice. We here present a case of a 30-year-old female who arrived at the emergency room with abdominal pain for two weeks. She had lower abdominal pain since two weeks ago and the pain radiated to the lower back. She had no underlying disease. On physical examination, a costovertebral angle tenderness was checked. The blood tests revealed that the patients had normal renal function (creatinine levels of 0.83 mg/dL and urea levels of 14 mg/dL) and hemoglobin level of 11.5 g/d. The abdomino-pelvic computed tomography showed that subcapsular hematoma is observed in both kidney, but there is no clear active bleeding focus and abnormal enhancing mass lesion. The patient was arranged to the hospital for continuous observation and further management. There were no abnormalities in the various examination including coagulation test and autoimmune antibodies test. Renal arteriography was performed to differentiate vasculitis such as polyarteritis nodosa and there was no definite evidence of active extravasation or aneurysm formation at both renal artery and branches.

Ten days later, she complained of dyspnea. Hemoglobin levels decreased and renal function deteriorated slightly. On chest imaging, pulmonary edema and pleural effusion were observed and US-guided pigtail was inserted. The echocardiogram showed normal cardiac function. The patient received conservative treatment including blood transfusions, diuretics, pain control, and blood lowering agent to maintain proper blood pressure. After 3 months, bilateral subcapsular hematoma decreased without invasive treatment. The patient continued to be followed in an outpatient setting without any serious complications.

Spontaneous subcapsular renal hematoma is a rare complication with potentially fatal effects. The most prevalent causes include vasculitis, tumor, and vascular abnormalities. Subcapsular renal hematoma has only case report levels, but there are no appropriate diagnostic and treatment guidelines yet. Further research is needed.

Figure 1. Bilateral renal hematoma