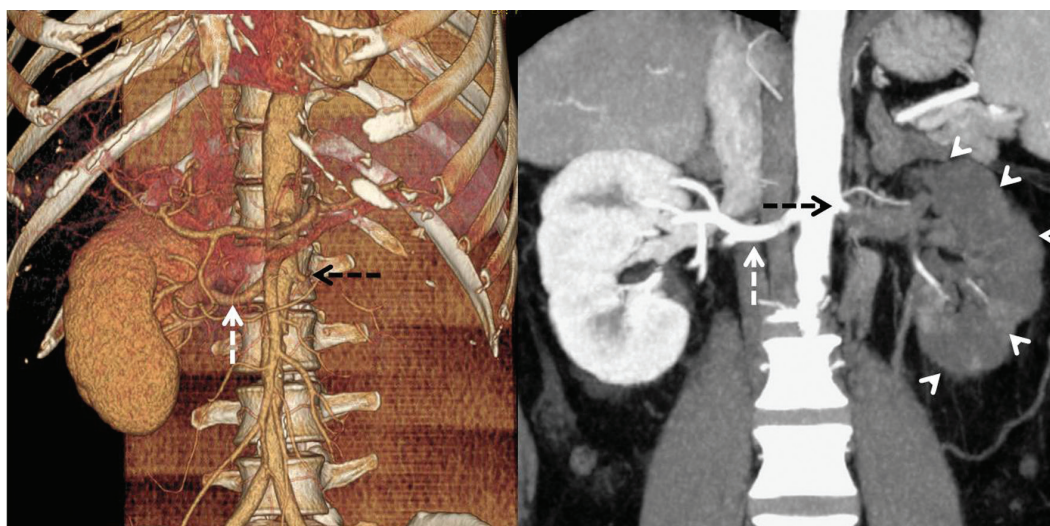


## Acute Renal Occlusion as an Unusual Cause of Acute Abdomen

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A 37-year-old man with a history of hypertension and chronic use of alcohol for the past 18 years presented with acute severe pain in the left flank. The laboratory results revealed an elevated blood leukocyte count ( $17.3 \times 10^9/L$ ), and a high lactate dehydrogenase (838 U/L). Urinalysis showed microscopic hematuria and mild leukocyturia. Radiography of the kidney, ureters, and bladder did not show any calculi. Contrast-enhanced computed tomography revealed near-complete thrombotic occlusion of the left renal artery and resultant extensive left renal infarction with attendant atherosclerotic changes in the aorta and left renal artery. In view of renal infarcts with proximal obstruction in the artery and calcification in the infrarenal aorta, possibility of thrombotic or atheroembolic infarction was considered.

The diagnosis of acute renal infarction is often missed or delayed, mainly due to the rarity of disease and nonspecific clinical presentation. Acute renal infarction may be asymptomatic or present with varied nonspecific clinical symptoms, such as abdominal or flank pain, nausea and vomiting, fever, hypertension, and hematuria.<sup>1</sup> Risk factors for renal infarction include thromboembolism, aortic dissection, renal artery dissection, iatrogenic, vasculitis, malignant hypertension, and rarely, renal vein occlusion. Biochemistry may reveal an elevated blood cell count, and mostly a raised serum lactate dehydrogenase level. Urinalysis may show hematuria, leukocyturia, or proteinuria. The diagnosis may be confirmed by Doppler ultrasonography, renal scintigraphy, angiography, and contrast-enhanced computed tomography, the latter of which being currently the imaging modality of choice. Depending on the duration of ischemia, renal angiography should be performed, with thrombolytic therapy started with the tolerance period of ischemia may help to preserve kidney function.<sup>2</sup>

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### REFERENCES

1. Gasparini M, Hofmann R, Stoller M. Renal artery embolism: clinical features and therapeutic options. *J Urol*. 1992;147:567-72.
2. Blum U, Billmann P, Krause T, et al. Effect of local low dose thrombolysis on clinical outcome in acute embolic renal artery occlusion. *Radiology*. 1993;189:549-54.