

PS1.282

Bilateral renal infarction

Luz Amelia Tezen Valderrama(1), DP Remolina Cabrera(1), AM Lafuente Navarro(2)

(1) Hospital Universitario de Bellvitge, Barcelona, Spain

(2) CAP Sant Josep Primary Care Center. Barcelona, Spain

Corresponding author: Dr Amelia Tezen, Hospital Universitario de Bellvitge, Barcelona, Spain. E-mail: amelia25_05@hotmail.com

Background: Renal infarction is typically caused by blood or cholesterol clots occluding the renal artery or branch vessels. Early diagnosis is difficult because the symptoms are nonspecific, prolonged, and resemble ischemia. Failure to diagnose early may reduce the potential benefits of correcting the renal artery occlusion. **AIM:** This case report aims to alert the primary care physician about the importance of primary and secondary prevention as periodic chronic control of the cardiovascular risk factors.

Method & Results: A 65-years-old man, history of heavy smoking. Hipercholesterolemia with medical treatment (simvastatin); no Hypertension or Diabetes known. Previously healthy, he reported to consultation complaining of right lower-back pain, along with sweating, dizziness, and two bilious vomitus. His pain was not mitigated with oral and intravenous analgesic treatment, so he was derivated by his primary care physician to the hospital. Upon arrival at the emergency room, his abdominal examination revealed tenderness to palpation in the right lower quadrant, with no rebound, guarding, distention or organomegaly. Laboratory assessment revealed acute kidney injury with creatine of 138mmol/L and high LDH of 19.9U/L. ECG showed auricular flutter, and a ventricular frequency of 60. Contrast-enhanced CT showed partial thrombus of the branch of the right kidney artery with multiple patchy infarcts into the lower pole of left kidney. The patient was diagnosed with bilateral renal infarction with mild kidney injury and atrial flutter of unknown chronology. It was recommended conservative treatment with anticoagulation. Transesophageal echocardiogram showed thrombus in left atrial appendage of 9x9mm, so does not indicate ablation of flutter at that time.

Conclusion: There are several causes of renal infarction, including hyper coagulable state as atrial flutter, or renal artery injury. However, in some cases, the cause is not found. The optimal treatment for renal infarction is uncertain, but adequate anticoagulation in patients with medical history of atrial fibrillation or flutter, left ventricular thrombus, or a hyper coagulable state could prevent further damage.