

Traumatic occlusion of the renal artery

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CASE REPORT

A 25-year-old male was referred to our emergency department because of haematuria and flank pain after falling off his all-terrain bike in the woods earlier that day. Despite some abdominal discomfort and a slight dizziness immediately after the fall, he decided to ride his bike home. After several hours he experienced gross haematuria which led him to seek medical attention. At presentation his vital signs were normal. He showed some tenderness over the left lower ribs and left-sided abdomen and some superficial skin abrasions were visible.

An abdominal CT scan was performed which showed complete occlusion of the left renal artery with a lack

of contrast enhancement of the left kidney and a small amount of free fluid in the pouch of Douglas (*figure 1*). Due to the delayed clinical presentation (> 6 hours) the avascular left kidney could no longer be saved.

After a 24-hour observation period on the ICU the patient was discharged home uneventfully. Outpatient follow-up three months after the accident showed a normal blood pressure and normal function of the remaining right kidney on subsequent renogram studies.

WHAT IS YOUR DIAGNOSIS?

See page 258 for the answer to this photo quiz.

Figure 1. Cross-sectional abdominal CT scan after IV contrast administration

