Spontaneous Perirenal Hematoma as a Rare Complication of Polyarteritis nodosa

Y.	Yunus	Erdem
O.	Oktay	Oymak
A.U.	Uğur	Yalçın
Ü.	Ünal	Yasavul
Ç.	Çetin	Turgan
Ş.	Şali	Çağlar

Nephrology Department, Hacettepe University School of Medicine, Ankara, Turkey

Yunus Erdem, Nephrology Department, Hacettepe University School of Medicine, TR-06100 Hacettepe, Ankara (Turkey)

Dear Sir,

Polyarteritis nodosa (PAN) is a multisystem disorder characterized by involvement of small and medium-sized arteries. The disease usually presents with constitutional symptoms such as fever, malaise, weight loss and generalized myalgias [1]. Renal involvement is frequent, but spontaneous perirenal hematoma (SPH) is a rare complication. We present a case of PAN complicated by SPH.

A 28-year-old man was admitted to our hospital with complaints of left flank pain, weight loss and myalgia. Physical examination revealed no pathology except for a moderate hypertension and tenderness on percussion in the left costovertebral angle. The laboratory examination revealed Hb = 10.5 g/dl, sedimentation rate = 78 mm/h, BUN = 15 mg/dl, creatinine = 1.5 mg/dl with a creatinine clearance of 75 ml/min. Coagulation tests and platelet count were within normal limits. HBs antigen was negative as ANA and anti-DNA. Urinalysis showed no pathology. Abdominal ultrasound revealed a 82 × 78 mm mass lesion consistent with hematoma in the upper lobe of the left kidney. Computerized tomography showed the same lesion (fig. 1). Selective renal angiography documented microaneurysms in both kidneys (fig. 2). His blood pressure was regulated by vigorous antihypertensive treatment, and prednisolone 1 mg/kg/day and cyclophosphamide 100 mg/day were begun. After 2 weeks of treatment, his constitutional symptoms subsided with an ESR of 32 mm/h. Control ultrasound showed no increase in hematoma size. He was discharged with medical treatment.

Fig. 1. Computerized tomography revealing the hematoma (arrow) in the left kidney.

SPH due to PAN was first described in 1908; however, it is a rare complication, since about 20 cases were reported in the English literature [2-4]. Reviewing the literature showed that SPH due to PAN generally develops in males in their third or fourth decades. Management of these patients includes conservative medical therapy with antihypertensive and immunosuppressive treatment and in some cases the surgical drainage of the hematoma [3]. As it is potentially serious but fortunately a rare complication, the diagnosis of SPH due to

PAN should be kept in mind in patients with recent onset of hypertension and clinical and laboratory features of renal involvement.

Fig. 2. Selective digital subtraction an-giogram showing the microaneurysms (arrow).

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