Emboliisation of a Renal Artery Pseudoaneurysm in a Patient with Renal Malrotation and Chronic Aortic Dissection

K Y Lau, MBBS, FRCR, DABR (DR), W K Kan, MBChB, FRCR, S M Hou, MBBS, FRCS, D J Roebuck, MBBS, FRCR, FRANZCR, W T Fung, MBBS, FRCR

Abstract

Introduction: Renal artery pseudoaneurysms may arise as a complication of percutaneous nephrolithotomy (PCNL). Prompt recognition and treatment is essential to arrest haemorrhage which may be life threatening. Clinical Picture: A patient with chronic aortic dissection and malrotated right kidney underwent PCNL for right renal calculus. He developed delayed gross haematuria. Treatment: Angiography showed a pseudoaneurysm arising from one of two right renal arteries, which in turn arose from the false lumen of the aortic dissection. The supplying artery was successfully embolised. Conclusion: Renal artery pseudoaneurysms can be successfully treated with prompt angiography and embolisation, even in the presence of renal malrotation and aortic dissection.

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* Consultant
** Medical Officer
† Senior Medical Officer
*** Senior Medical Officer
Department of Radiology
Pamela Youde Nethersole Eastern Hospital, Hong Kong
**** Consultant
Department of Radiology
Great Ormond Street Hospital, London, United Kingdom
Address for Reprints: Dr K Y Lau, Department of Radiology, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong SAR.
E-mail: drkylau@yahoo.com