Spontaneous Rupture Renal Angiomyolipoma with Hemorrhagic Shock

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A 46-year-old woman visited our emergency department with acute right flank pain after carrying an infant. She denied any medical disease. On arrival, her vital signs were stable. Physical examinations revealed right abdominal tenderness without rebounding pain. The laboratory investigations showed white blood cell counts 12,500/L and hemoglobin 12.0 g/dL. An abdominal radiography showed a blurred the shadow on the right psoas muscle and kidney (Picture 1). Two hours later, her vital signs were as follows: blood pressure 85/52 mmHg, heart rate 112/min and decreased hemoglobin to 9.2 g/dL. Subsequent computed tomography of the abdomen demonstrated a large fatty mass (15×12×10 cm) in the right kidney upper pole with rupture and retroperitoneal hemorrhage (Picture 2), suggestive of renal angiomyolipoma (AML) rupture. She underwent emergent right nephrectomy and the postoperative course was uneventful. The patient was discharged one week later.

Renal AML is considered to be common benign neoplasm, composed of fat tissue, smooth muscle and blood vessels. Computed tomography remains the investigation of choice, because it can show the underlying pathology of le-

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thal bleeding (1). The incidence of renal AML is more common in females than in males and the most common symptomatic lesion is 4 cm or larger. The classic Lenks triad of renal AML includes flank pain, a palpable tender mass, and signs of internal bleeding (hematuria), caused by intracapsular or retroperitoneal hemorrhage (2). However, ruptured renal AML may represent as life-threatening hypovolemic shock. Embolization and partial or total nephrectomy are current options of treatment, based on clinical symptoms and tumor size (3).

References