International Journal of
Clinical & Medical Images

ISSN : 2376-0249
Vol 4 • Iss 8• 1000580 Aug, 2017
DOI: 10.4172/2376-0249.1000580

Clinical Image

AKI Secondary to Complete Abdominal Aortic Occlusion

Lanca A, Santos P and Ferrer F

Centro Hospitalar Medio Tejo, Nephrology Department, Torres Novas, Portugal

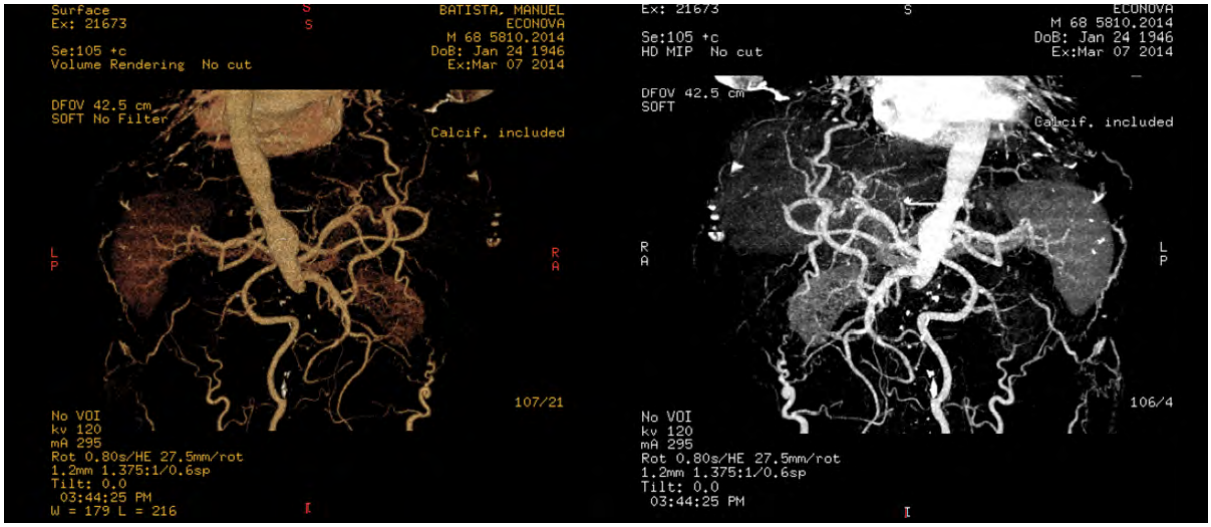

Figure 1: Abdominal aortic occlusion.

Clinical Image

A 71-year old smoker (40 pack-years) with arterial hypertension and smoking habits presented in the last 24 hours with fatigue and sudden anuria. Several weeks before the patient reported intermittent claudication without any other cardiovascular (CV) symptoms. On physical examination he had generalized edema with bilateral diffuse pulmonary infiltrates on the X-ray (Figure 1). Laboratory tests revealed elevated levels of serum creatinine (9.6 mg per deciliter (mg/dl) and urea (183 mg/dl) with a complete negative serological workup. Doppler ultrasound of the kidneys showed renal asymmetry, increased vascular resistance and absence of urinary obstruction and contrast-enhanced computed tomography (CT) of the abdomen and lower extremities showed demonstrated an abdominal aortic thrombosis with complete occlusion of both renal arteries, internal and external iliac arteries with distal revascularization through collateral arteries. The patient was started on hemodialysis (HD), oral anticoagulation, and antiplatelet therapy and statin. At a 3 year follow-up he remains on HD without any cardiovascular events.

***Corresponding author:** Dr. Alice Lanca, Centro Hospitalar Medio Tejo, Nephrology Department, Torres Novas, Portugal, Tel: +351 249 810 100; E-mail: alicelancabaptista@gmail.com*

***Citation:** Lanca A, Santos P, Ferrer F (2017) AKI Secondary to Complete Abdominal Aortic Occlusion. Int J Clin Med Imaging 4: 580. doi:10.4172/2376-0249.1000580*