

Page Kidney Following Renal Biopsy

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Picture 1.



Picture 2.

A 23-year-old Japanese woman was admitted with asymptomatic proteinuria and hematuria. An ultrasound-assisted percutaneous renal biopsy was performed. Three days later she experienced sudden-onset left back pain when picking up a heavy bag. Contrast-enhanced abdominal computed tomography demonstrated a cloverleaf compression of the left renal parenchyma caused by a subcapsular hematoma (Picture 1). Her serum creatinine concentration was high at 123.8 $\mu\text{mol/L}$ (baseline: 61.9 $\mu\text{mol/L}$) and her blood pressure had increased to 160 mmHg, but gradually improved to less than 140 mmHg after a few months. Regularly performed computed tomography scans showed a diminishing hematoma; however, the compressed left kidney showed atrophy after 9 months (Picture 2), resulting in irreversible renal insufficiency.

Page kidney, which is defined as compression of the renal parenchyma by a subcapsular hematoma of traumatic or non-traumatic origin, is a well-known cause of hypertension and renal insufficiency and is also an unusual complication of renal biopsy (1). The condition was originally described

in a canine experiment in which Irvine Page wrapped kidneys in cellophane and noted the induction of hypertension (2). Non-traumatic Page kidney, which may occur following renal biopsy, reportedly has a worse prognosis than that caused by traumatic injury (1), should therefore be followed up carefully.

The authors state that they have no Conflict of Interest (COI).

References

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