



[PICTURES IN CLINICAL MEDICINE]

Transarterial Embolization of a Ruptured Renal Angiomyolipoma

Yasuhiro Taki¹, Naohiko Imai¹, Tomohiro Nishi² and Yugo Shibagaki¹

Key words: transarterial embolization, renal angiomyolipoma

(Intern Med 57: 283-284, 2018) (DOI: 10.2169/internalmedicine.9157-17)



Picture 1.



Picture 2.



Picture 3.

A 38-year-old man with no known relevant medical history presented with right flank pain of sudden onset. The patient had no history of trauma. On examination, his right abdomen showed tenderness on palpitation. Computed tomography of the abdomen with intravenous contrast showed a heterogeneous 13×9 cm mass on the right kidney containing adipose tissue and perirenal hematoma (Picture 1). A diagnosis of ruptured renal angiomyolipoma (AML) was made and transarterial embolization was performed. An angiogram of the right upper renal artery demonstrated pseudoaneurysm in the tumor (Picture 2). An angiogram obtained after embolization showed occlusion of the feeding artery of the AML along with the disappearance of the pseudoaneurysm and the tumor vascularity (Picture 3). Although renal AML is a benign tumor, if the tumor becomes enlarged it can rupture and cause life-threating retroperitoneal bleeding (1). Transarterial embolization is an effective treatment for a ruptured renal AML.

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

¹Department of Internal Medicine, St. Marianna University School of Medicine, Japan and ²Department of Urology, St. Marianna University School of Medicine, Japan

Received: March 7, 2017; Accepted: April 4, 2017; Advance Publication by J-STAGE: October 11, 2017 Correspondence to Dr. Naohiko Imai, imaix006@umn.edu

Reference

1. Unlu C. Retroperitoneal haemorrhage caused by a renal angiomyolipoma. Emerg Med J 23: 464-465, 2006. The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/ by-nc-nd/4.0/).

© 2018 The Japanese Society of Internal Medicine Intern Med 57: 283-284, 2018