

Umbilical hernia in autosomal dominant polycystic kidney disease

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A 44-year-old woman was diagnosed with autosomal dominant polycystic kidney disease. Her mother has the same disease. Even after hemodialysis was started in 2003 due to end-stage renal failure, abdominal distention progressed and a protruding umbilical hernia became prominent (Fig. 1a, b). However, the surgeons hesitated to perform hernia repair. Transcatheter arterial embolization (TAE) was performed to treat massive hepatomegaly in 2005 [1] and to treat bilateral nephromegaly in 2006 [2]. Her abdominal distension and umbilical hernia both

improved in 2013 (Fig. 2a, b). This case emphasizes that massive polycystic liver and kidneys may contribute to umbilical hernia formation by increasing the intra-abdominal pressure.

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Conflict of interest All authors report no conflicts of interest.

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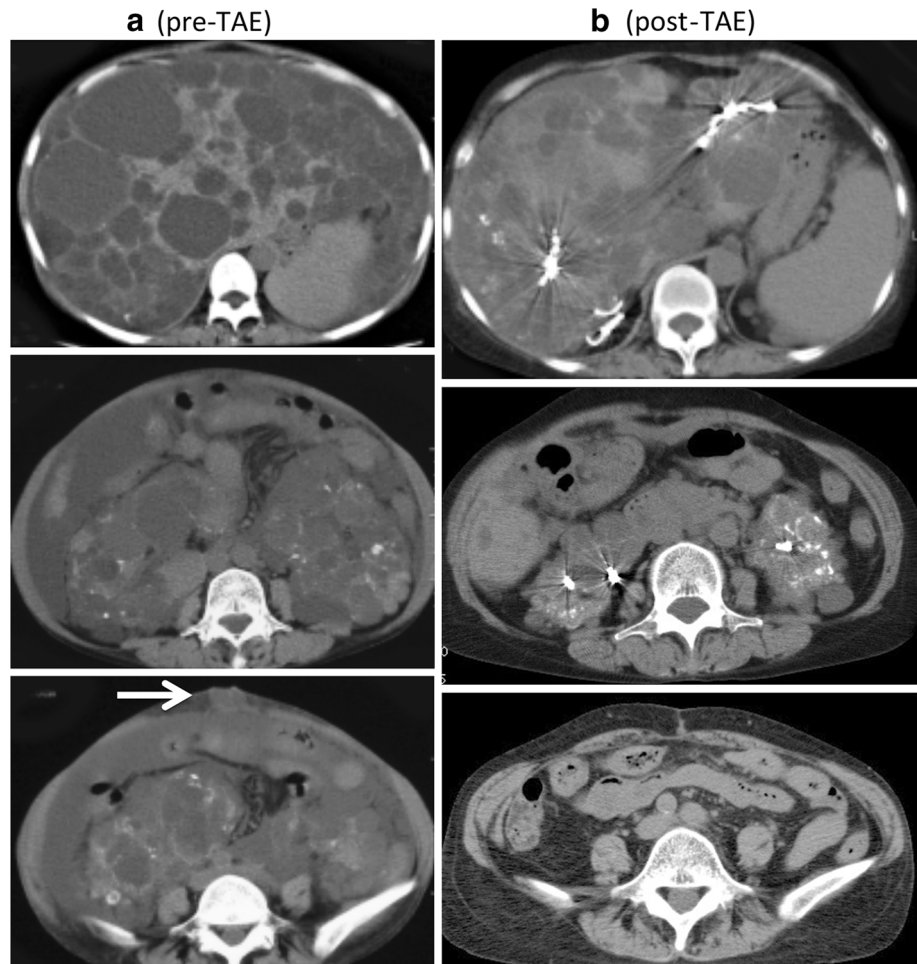
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Fig. 1 **a** Gross appearance of pre-TAE. **b** Gross appearance of post-TAE. *Arrow* shows protruded umbilical hernia



Fig. 2 **a** Computed tomography images pre-TAE. **b** Computed tomography images post-TAE. *Arrow* shows protruded umbilical hernia



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