

中文題目：心房顫動併發腎臟梗塞

英文題目：Atrial fibrillation complicated with renal infarction

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Introduction:

Renal artery thrombosis is a rare, but serious and often misdiagnosed, condition. This diagnosis should be considered in the setting of undiagnosed flank pain, especially in patients with risk factors for this disease.

Case presentation

A 44-year-old woman without a medical history was admitted to our hospital because of dyspnea for two days. After hospitalization, chest X film showed bilateral pulmonary edema and diuretics as furosemide was used. Echocardiography revealed suspicion of rheumatic heart disease as moderate MR and MS. In addition, EKG disclosed atrial fibrillation. Under the high risk of thromboembolism, anticoagulant as dabigatran 150 mg twice daily was given. Two days after hospitalization, sudden onset of sharp, constant and severe right flank pain occurred and abdominal computed tomography (Figure1) was arranged and showed right renal infarction with heterogenous enhancement of right kidney. Renal angiogram (Figure 2) was performed later and revealed 2 middle interlobar artery embolism. Thrombus suction was tried but failed due to distal vessel. Then urokinase 25000u was injected slowly via catheter to right renal artery after bolus injection of heparin 5000u. Besides, pain control with tramadol 100mg twice daily was given and a heparin bolus of 80 mg/kg was given and an infusion at 18 mg/kg/h was initiated. 7 days after hospitalization, heparin was hold and followed renal function tests revealed all within the normal limit.

Conclusion

Renal infarction is a serious complication of atrial fibrillation. Early diagnosis and optimal thrombolytic treatment can sometimes restore renal function without the need for surgical intervention.