Bilateral renal aneurysms in a chronic hepatitis B patient

Wen-Hung Huang¹, Li-Jen Wang²,³, Chun-Cheng Yu¹,³ and Ja-Liang Lin¹,³

¹Department of Nephrology and ²Department of Radiology, Chang Gung Memorial Hospital and ³School of Medicine, Chang Gung University, Taipei, Taiwan

Keywords: aneurysm; angiograph; computerized tomographic angiography; hepatitis B; PAN; polyarteritis nodosa

We describe a 41-year-old female with a medical history of chronic hepatitis B. She was not hypertensive. Following right lower back pain, the patient consulted at a local clinic. Right renal aneurysms were detected by renal echo and computerized tomography (CT), and she was referred to us. Computerized tomographic angiography showed multiple aneurysms in both kidneys resembling aneurysms of polyarteritis nodosa (PAN); the largest is about 3 cm in diameter near the hilar region of right kidney (Figure 1). Immunology reports were all negative as shown subsequently: antineutrophil cytoplasmic antibodies (ANCAs), antmyeloperoxidase antibodies (antiMPO), antinuclear antibody and rheumatoid factor. Hepatitis B surface antigen was positive with negative hepatitis C antibodies. Transarterial angiography (Figure 2) was arranged and embolization of the largest aneurysm was performed successfully. The patient remains well with normal function.

Discussion

Multiple renal aneurysms are very rare. Due to the extensive use of angiography, renal aneurysms are now diagnosed more frequently [1]. In pregnant patients, the incidence of aneurysm rupture is high [2]. Microaneurysms are commonly present in polyarteritis nodosa.
nodosa, predominantly seen in the kidneys, mesentery and liver [3]. Renal or perirenal haematomas may result from the rupture of microaneurysms. The indications for treatment of a renal artery aneurysm are the presence of intra-aneurysmal clots, hypertension and potential for rupture [2].

Conflict of interest statement. None declared.

References

Received for publication: 18.7.06
Accepted in revised form: 4.8.06