



Loin Pain and Haematuria Syndrome (LPHS) Complicating Symptomatic Nephroptosis (SN), Cured with Renal Sympathetic Denervation and Nephropexy (RSD & N) Surgery

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Abstract

Introduction and Objective: To report a case demonstrating the link of LPHS with SN is that is based on IVU7 sign and retrograde pyelography. Renal Sympathetic denervation and Nephropexy (RSD & N) Surgery has proved curable for the condition.

Patient and Methods: The reported case in which IVU with erect film shows the IVU7 sign is measure of renal pedicle stretch. Retrograde Pyelography (RGP) showed the internal renal damage while all ancillary imaging were normal. The surgery of RSD & N was used for treatment of the condition.

Results: An IVU with erect film and RGP detected the diagnosis and the renal pathology while no other imaging could. Comparing IVU supine and erect revealed the IVU7 sign which is a measure of renal pedicle stretch causing artery stenosis and ischaemia. The findings on RGP show erosion of renal papillae and leakage of contrast medium into renal veins which is the sie of hamaturia. The surgery of RSD & N cured the condition.

Conclusion: An IVU with erect film and RGP clinched the diagnosis and revealed the renal pathology while no other imaging could. It should be essential diagnostic investigation in every LPHS case. The surgery of RSD & N cured the condition.

Introduction

The link of SN with LPHS is a new discovery explaining its real patho-etiology [1,2]. Although SN is known for centuries, it was disparaged >70 years ago and omitted from all textbooks. Standard imaging protocol is constantly normal at supine posture. Intravenous urography with erect film (IVU-E) has been made obsolete and is not requested, hence chance diagnosis of SN is unlikely and diagnosis is easily missed. Many of SN features and some complications were documented >70 years ago [3], but it was disparaged soon afterwards [4]. The LPHS was reported in 1967 [5]. Here we report an illustrative case report showing the link of LPHS with SN.

Case Report

A 28 years old girl was regularly admitted *via* Accident and Emergency department with severe loin pain and gross haematuria over a period of 3 years. Her repeated investigations including urine culture, IVU and CT scan were all normal when done at supine posture. An IVU-E was later done and demonstrated her overlooked SN (Figure 1). The internal renal damage explaining haematuria was revealed by the IVU7 sign (Figure 2) and on Retrograde Pyelography (RGP) (Figure 3).

She consented for surgery and open Renal Sympathetic Denervation and Nephropexy (RSD & N) was performed on her right kidney. She was cured of both LPHS and SN.

Discussion

The presented case report clearly demonstrates the LPHS complicates SN. The renal damage

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Received Date: 21 Sep 2018

Accepted Date: 23 Oct 2018

Published Date: 26 Oct 2018

Citation:

Ghanem AN, Ghanem KA, Pindoria N,
Ghanem SA. Loin Pain and Haematuria
Syndrome (LPHS) Complicating
Symptomatic Nephroptosis (SN), Cured
with Renal Sympathetic Denervation
and Nephropexy (RSD & N) Surgery.
Ann Clin Case Rep. 2018; 3: 1552.

ISSN: 2474-1655

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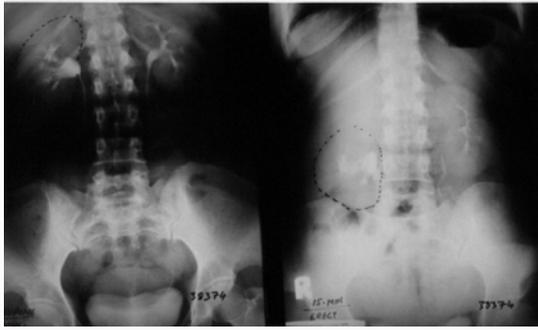


Figure 1: This shows a supine compared to IVU erect film demonstrating right nephroptosis.

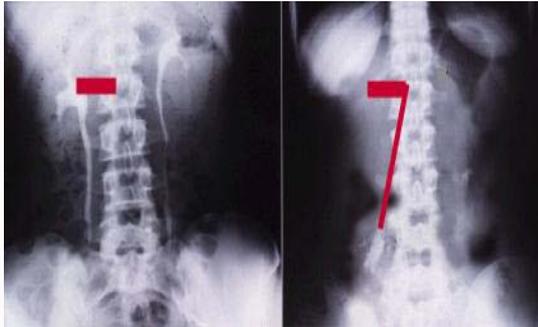


Figure 2: It shows renal pedicle mapped on a supine IVU film (Horizontal) and erect film (Vertical) limbs of 7 where the renal pedicle is stretched to 3 times its normal length, causing stenosis and ischemia.



Figure 3: It shows retrograde pyelography showing erosion of renal papillae and contrast extravasations into renal veins of right kidney where haematuria occurs in an opposite direction.

is caused by pedicle stretch causing renal ischaemia as shown on IVU7 sign (Figure 2). The internal renal damage causing pain and haematuria is best shown on RGP (Figure 3). Unfortunately no other investigation including CT and MRI is capable of revealing the pathology of LPHS complicating SN.

Upright IVU is currently undone and has not been reported previously in LPHS. Retrograde pyelography findings have not previously been documented in either condition (Figure 3). The use of IVU started early in the 20th century while clinical evidence on the genuineness of SN pain dated back to the 15th century. Loin pain haematuria syndrome was reported in 1967 while Dietl's crisis is known for centuries [5]. Organic reno-vascular complications demonstrated on conventional arteriography of SN and LPHS are of advanced cases. In view of the new evidence presented here and previously [1,2], the authorities should reconsider SN with link to LPHS and bring it back to current textbooks.

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