



Image of a Right Renal Angiomyolipoma Complicated by Hemorrhage

Adjou N*, Alliou S, El Housni J, Ankri M and Latib R

Radiology Department of the national Institute of Oncology in Rabat (INO), Mohamed V University, Morocco

***Corresponding author:** Nada Adjou, Radiology Department of the National Institute of Oncology in Rabat (INO), Mohamed V University, Rabat, Morocco; Email: docnada736@gmail.com

Image Article

Volume 8 Issue 2

Received Date: July 24, 2024

Published Date: August 05, 2024

DOI: 10.23880/crij-16000227

Keywords

Angiomyolipoma; Kidney; Hemorrhage

Abbreviations

CT: Computed Tomography; RMA: Renal Angiomyolipoma; PDC: Phosphatidyl Choline.

Image Article

A 55 years old female patient with no specific medical history consulted in our unity for isolated severe right lumbar pain.

An emergency abdomino-pelvic CT-Scan was performed: Revealing a well limited, heterogeneous right renal angiomyolipoma, with triple component, predominantly fatty, complicated by hemorrhage (Figures 1 & 2).

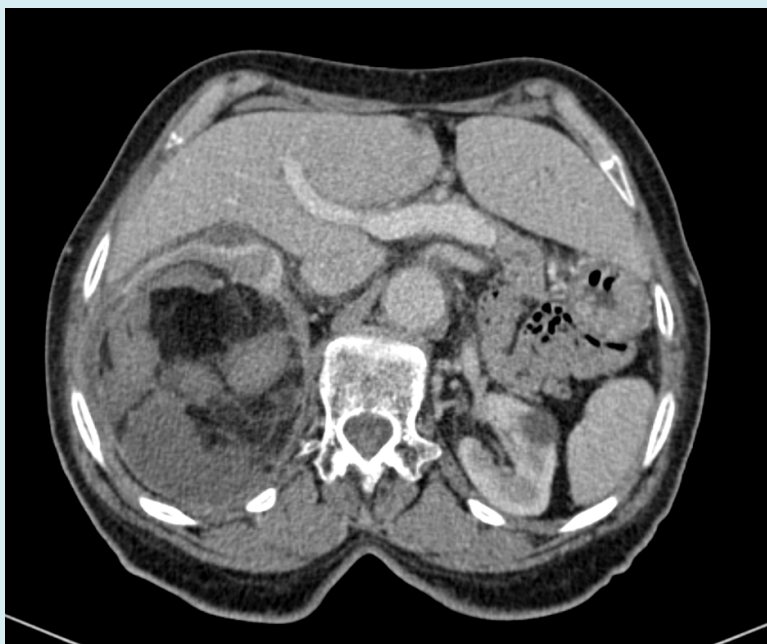


Figure 1: Abdominal-pelvic CT-Scan with PDC injection in axial section, clearly showing right renal angiomyolipoma complicated by hemorrhage.



Figure 2: Abdominal-pelvic CT-Scan with PDC injection in coronal section.

Renal angiomyolipoma (RMA) is a rare benign tumor (0.3 to 3%) which comprises, in varying proportions, a fatty contingent (often the most abundant), a contingent formed by smooth muscle cells and a vascular contingent [1].

There are two clinical forms of renal RMA. The first is sporadic RMA, which most often occurs in the fifth decade of life and is predominantly seen in female gender. The second form, RMA associated with tuberous sclerosis of Bourneville, is classified as a phacomatosis and affects younger subjects, with no gender predominance.

Clinical symptomatology is polymorphic, dominated by lumbar pain, which is related to the size of the renal angiomyolipoma and intra-tumor hemorrhage [1-3].

The CT-scan is the key examination.

The classic treatment for renal angiomyolipoma larger than 4 cm is total or partial surgical nephrectomy, although arterial embolization may be an effective therapeutic alternative that preserves the renal unit [1].

The growth of renal angiomyolipoma is responsible for complications such as hemorrhagic rupture following minimal

and spontaneous trauma, giving it a noisy clinical mode of entry in the form of lumbar pain, arterial hypertension, hematuria or even shock in connection with massive intra-, peri- or extra-renal bleeding [4].

This rupture can threaten the patient's vital prognosis, which hence the need to be aware of this entity and not delay its management.

References

1. Moudouni SM, En-Nia I, Patard JJ, Lobel B, Guille F (2001) L'embolisation artérielle dans les angiomyolipomes rénaux hémorragiques. *Progress in Urology* 11: 235-238.
2. Osterling JE, Fishman EK, Goldman SM, Marshall FF (1986) The management of renal angiomyolipoma. *The journal of urology* 135(6) : 1121-1124.
3. Unlu C, Lamme B, Nass P, Bolhuis HW (2006) Retroperitoneal hemorrhage caused by a renal angiomyolipome. *Emerg Med J* 23(6): 464-465.
4. Yigit T, Yigitler C, Gulec B, Ozcan A, Kozak O, Pekcan M (2004) Acute abdomen due to spontaneous renal angiomyolipoma rupture. *Prog Urol* 14(2): 207-209.