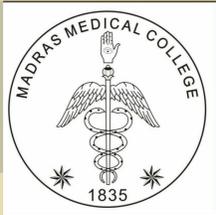


# RENAL ANGIOMYOLIPOMA PRESENTING AS RETROPERITONEAL MASS WITH MASSIVE HAEMORRHAGE

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## CLINICAL PRESENTATION

65 year old female with complaints of Right loin pain for the past 2 months  
K/c/o IHD on clopilet 75 mg for the past 3 year

On examination

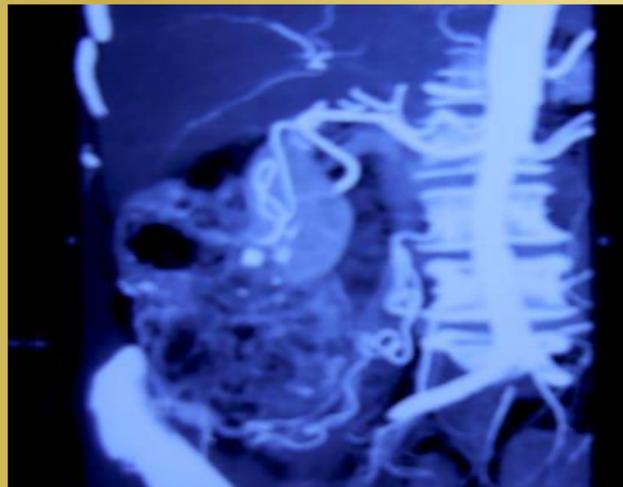
Anemic

Per abdomen- 13x12 cms mass lesion in the right hypochondrium and lumbar region mass moves with respiration ,superior border of the mass could not be made out

Urine analysis-normal. c/s –no growth  
Tc -5900, HB 4.1 gm%, ESR -28 mm,  
Platelet count -60000 ,LFT –normal, BT,CT-normal , PT and INR were prolonged.  
Clopilet was stopped and 4 units PRBC along with FFP transfused. Her HB% improved to 10.1, platelet count was 84000, prothrombin time and INR were normalized , D-Dimer 0.1mcg/ml and fibrinogen-152 mg/dl

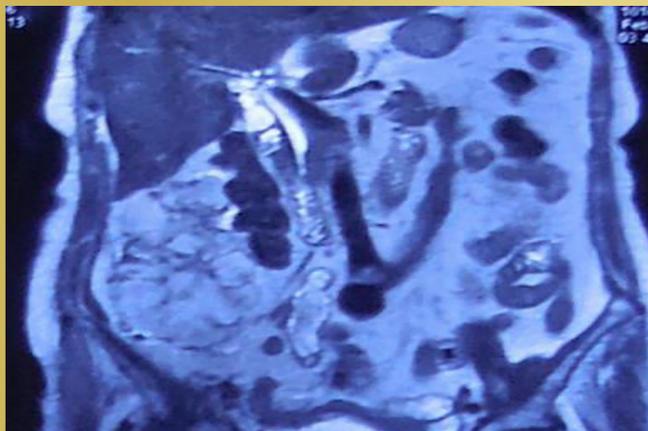
## CECT-KUB AND ANGIOGRAM

Ill defined fat density lesion of size 10 x7 cm with heterogeneously enhancing soft tissue component noted in the right anterior pararenal space with foci of calcification .fat plane between the lesion and the lower pole of the kidney lost . Increased vascularity noted in the periphery of the lesion

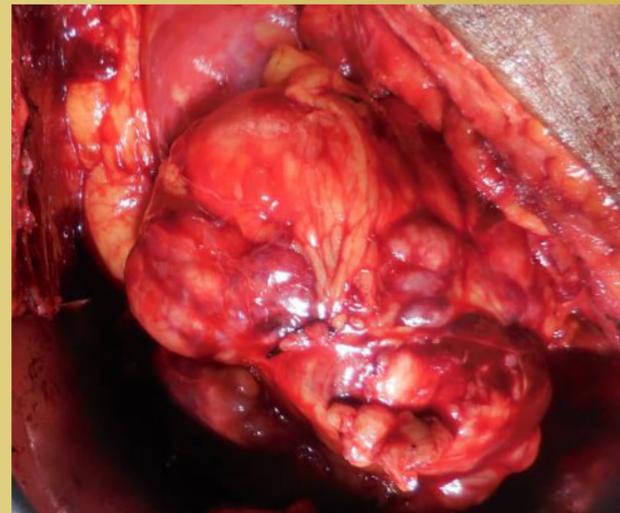


## MRI-KUB

Heterogenous lesion appearing predominantly hyperintense in t1 and t2 images measuring 11.3x 7.1 cm in the right anterior pararenal space lateral and inferior to the right kidney fat plane between the lesion and the lower pole of the kidney is lost with probable infiltration noted

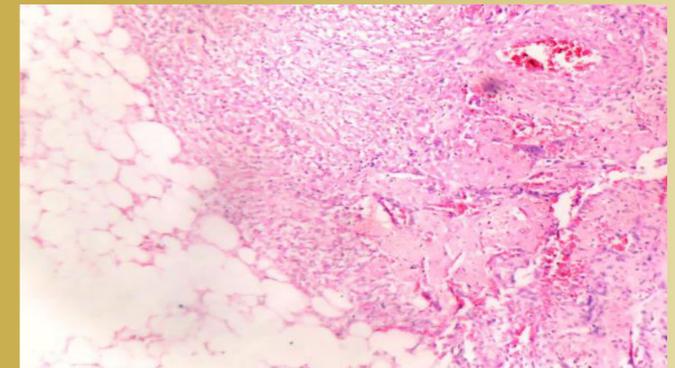


After stabilising patient was electively taken up for surgery Retroperitoneal exploration and tumor excision done .Postoperative period was uneventful



## HISTOPATHOLOGY

Neoplasm composed of adipocytes , bundles and fascicles of smooth muscles with intervening thick walled blood vessels lined by plump of endothelial cells. stroma shows scanty inflammatory cell infiltrate  
Imp -Angiomyolipoma



## DISCUSSION

- Angiomyolipomata of the kidney are composed of abnormal vasculature, smooth muscle, and adipose elements.
- They may be associated with tuberous sclerosis Occasionally present with flank pain, a palpable mass, and gross haematuria.
- Greater than 50% chance of significant bleeding in lesions > 4 cm; anticoagulant therapy accentuates this risk
- In the emergent situation, adequate resuscitation as well as control of haemorrhage with either nephrectomy (partial or radical), non-selective renal arterial embolization, or selective embolization of the feeding vessel(s), is necessary.

## REFERENCES

1. Dickinson M, Ruckle H, Beagler M, Hadley HR. Renal angiomyolipoma: optimal treatment based on size and symptoms. Clin Nephrol 1998;49:281-6.
2. Zhang B, Wang H, Zhang SZ, et al. Clinical investigation of renal angiomyolipoma. Zhonghua Wai Ke Za Zhi 2004;42:482-5.