

## Embolisation of a Renal Artery Pseudoaneurysm in a Patient with Renal Malrotation and Chronic Aortic Dissection

K Y Lau,<sup>\*</sup>MBBS, FRCR, DABR (DR), W K Kan,<sup>\*\*</sup>MChB, FRCR, S M Hou,<sup>\*\*\*</sup>MBBS, FRCS, D J Roebuck,<sup>\*\*\*\*</sup>MBBS, FRCR, FRANZCR, W T Fung,<sup>†</sup>MBBS, FRCR

### Abstract

**Introduction:** Renal artery pseudoaneurysms may arise as a complication of percutaneous nephrolithotomy (PCNL). Prompt recognition and treatment is essential to arrest haemorrhage which may be life threatening. **Clinical Picture:** A patient with chronic aortic dissection and malrotated right kidney underwent PCNL for right renal calculus. He developed delayed gross haematuria. **Treatment:** Angiography showed a pseudoaneurysm arising from one of two right renal arteries, which in turn arose from the false lumen of the aortic dissection. The supplying artery was successfully embolised. **Conclusion:** Renal artery pseudoaneurysms can be successfully treated with prompt angiography and embolisation, even in the presence of renal malrotation and aortic dissection.

*Ann Acad Med Singapore 2002; 31:107-10*

**Key words:** Aortic dissection, Embolisation, Malrotated kidney, Percutaneous nephrolithotomy, Pseudoaneurysm

---

\* Consultant

\*\* Medical Officer

† Senior Medical Officer

Department of Radiology

\*\*\* Senior Medical Officer

Department of Surgery

Pamela Youde Nethersole Eastern Hospital, Hong Kong

\*\*\*\* Consultant

Department of Radiology

Great Ormond Street Hospital, London, United Kingdom

Address for Reprints: Dr K Y Lau, Department of Radiology, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong SAR.

E-mail: drkylau@yahoo.com