



Poor oral intake and decreased urine amount for 4 days - Poor oral intake and decreased urine amount for 4 days

Present illness

In recent 4 days:

Poor oral intake with nausea/vomiting

Decrease urine amount without dysuria

Less water intake (<500 c.c.)

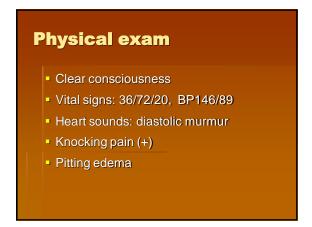
Chills without fever

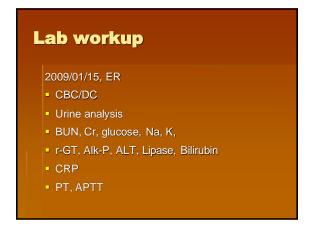
Mild cough

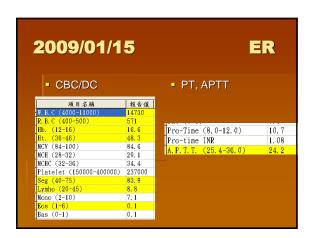
Abdominal pain without diarrhea or constipation



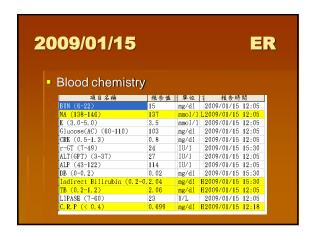


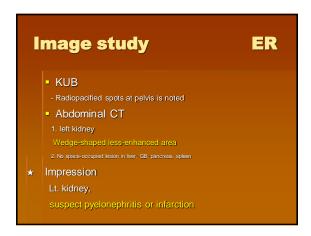


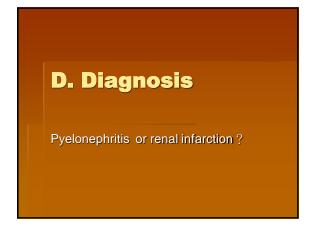














Renal infarction

Introduction
Rare
Diagnosis is frequently missed or delayed
Etiology
Thromboemboli (Af most, MI, IE, tumor, fat)
in-situ thrombosis (less. RAS, trauma, iatrogenic, APS)
underlying cause is hard to find (cocaine)

Renal infarction

Symptom/Sign

I flank pain

generalized abdominal pain

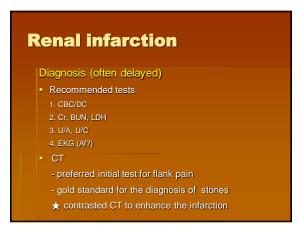
nausea and vomiting

Fever

Oliguria is less common

acute BP↑ (renin-related)

Renal infarction Lab findings WBC↑ Cr↑ (esp. in large, or bilateral infarct) Hematuria (less common, ∵ GFR↓) Proteinuria LDH↑ (With normal AST/ALT and urine LDH↑)







Treatment • Anticoagulation (mostly used) - favorable prognosis (better than untreated?) - iv Heparin + oral Warfarin - goal → INR 2.5-3.5 ★Clear indications: Af, prosthetic heart valves, hypercoagulable state

Renal infarction Treatment Thrombolysis and thrombectomy risks v.s. benefits any contra-indications? ★ time is KIDNEY (how late is too late?) Surgery mostly for traumatic occlusion

Renal infarction Prognosis A 2004 review - 11.4% mortality rate in the 1st month - Cr. was stable mostly A retrospective series (44 patients A.f) - 61% normal kidney function - 8% dialysis dependent





