


**CR03****A rare case of a hemorrhagic renal angiomyolipoma during pregnancy: a case report**Marko Belošević<sup>a</sup>, Natalia Pappo<sup>a</sup>, Maja Banović<sup>b</sup><sup>a</sup> School of Medicine, University of Zagreb<sup>b</sup> Department of Obstetrics and Gynecology, University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR03> Marko Belošević, Natalia Pappo 0000-0002-9667-7782, Maja Banović

Keywords: angiomyolipoma, nephrectomy, pregnancy, tuberous sclerosis

**INTRODUCTION/OBJECTIVES:** Renal angiomyolipoma is a benign tumor that occurs sporadically or is associated with tuberous sclerosis. Due to hormone sensitivity, this tumor tends to grow more rapidly during pregnancy.

**CASE PRESENTATION:** A 31-year-old woman at 35 weeks of gestation presented to the emergency department with nausea and pain in the left lumbar region radiating to the groin. Her medical history was significant for tuberous sclerosis and several spontaneous pneumothoraces. Laboratory tests showed anemia and leukocytosis. Ultrasonography revealed a mass adjacent to the uterus measuring 15 × 9 cm with mixed echogenicity, suggestive of a retroperitoneal tumor. As the patient's condition worsened, she underwent an emergency cesarean section and the delivery of a 2077g male neonate. Subsequently, she underwent exploration of the retroperitoneal space. A hemorrhagic renal tumor was found and removed, and a left nephrectomy was performed. A pathohistological analysis of a tumor sample confirmed a diagnosis of angiomyolipoma. Post-operative course was uneventful. On follow up, the patient was diagnosed with renal insufficiency, multiple right renal angiomyolipomas and lymphangiomyomatosis. After birth, the male neonate was bradycardic and was not breathing spontaneously. He had an Apgar score of 4/6. Resuscitation was successful. MRI showed signs of perinatal hypoxic-ischemic brain injury, and he was later diagnosed with developmental delay.

**CONCLUSION:** Hemorrhagic renal angiomyolipoma during pregnancy is a rare and life-threatening condition. This case describes simultaneous cesarean section and nephrectomy in a pregnant woman with tuberous sclerosis. Women with a history of tuberous sclerosis should be examined more extensively during pregnancy. Angiomyolipomas should be kept in mind.

**CR04****Acute kidney injury as a result of hypovolaemia and excessive potassium intake**Kristijan Harak<sup>a</sup>, Marin Glavčić<sup>b</sup>, Marinko Grgić<sup>c</sup><sup>a</sup> Health Centre of Zagreb County<sup>b</sup> Institute for Emergency Medicine of Split-Dalmatia County<sup>c</sup> Health Centre of Varaždin CountyDOI: <https://doi.org/10.26800/LV-144-supl2-CR04> Kristijan Harak 0000-0002-1501-1955, Marin Glavčić 0000-0002-9065-40103, Marinko Grgić 0000-0003-2402-7147

Keywords: acute kidney injury, fatigue, hypovolaemia, itch, potassium

**INTRODUCTION/OBJECTIVES:** Acute kidney injury is characterized by decreased urine production and fluid and electrolyte imbalance occurring over hours or days. The underlying aetiology is generally classified as prerenal, renal and postrenal. The commonest causes of AKI are sepsis, cardiogenic shock, drugs and major surgeries.

**CASE PRESENTATION:** We discuss the case of a 92-year-old female patient who came to the general practice complaining of generalised itch and fatigue. The patient began experiencing symptoms two weeks prior to admission. Past medical history showed arterial hypertension for which the patient was taking calcium channel blocker and loop diuretic with potassium in the lowest dose, COPD, atopic dermatitis and heart failure (HfpEF) for which the patient was taking digoxin. Physical examination showed no gross abnormalities. The vital signs were stable. Laboratory tests showed rise in serum creatinine, urea (3 times higher) and potassium (6,3 mmol/L). After contacting the patient's family, it was determined that the patient was not taking potassium pills, which further complicated the diagnostic process. It was later discovered that the patient was taking only 200 mL of water and eating 4-5 bananas a day. The patient was treated with IV fluids. Following 7 days of therapy, the generalised itch was markedly reduced and renal laboratory parameters were in decline.

**CONCLUSION:** This case report shows that a detailed auto- and heteroanamnesis must be taken and less likely causes should not be ruled out as a potential trigger of the acute kidney injury.