



Renal Papillary Necrosis in a Patient with Haemophilia

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Clinical Image

A 49-year-old Caucasian male was referred to the nephrology clinic in view of a rise in serum creatinine from baseline of 80 mmol/L to 125 mmol/L and intermittent macroscopic haematuria. He is human immunodeficiency virus positive, has severe haemophilia A and hepatitis C with related liver cirrhosis. He currently takes atazanavir, raltegravir and ritonavir and uses non-steroidal anti-inflammatory drugs (NSAIDS). He has a urine protein creatinine ratio of 96 mg/mmol. A CT urogram demonstrated extensive bilateral papillary necrosis (RPN). Computed tomography urogram demonstrating extensive bilateral papillary necrosis (Figure 1). RPN occurs when the renal medullary pyramids and papillae undergo necrosis due to ischemic conditions. Ischemia occurs due to collective insults from different risk factors; in this case the use of NSAIDS compounded with bleeding from haemophilia. A month later, his renal function recovered back to baseline. RPN is diagnosed via imaging studies and has a good prognosis. Bilateral Renal papillary necrosis with irregular collections of contrast arising from the calyces and distortion of the medullary-calyceal anatomy (Figure 2).



Figure 1: Computed tomography urogram demonstrating extensive bilateral papillary necrosis.

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Figure 2: Bilateral Renal papillary necrosis with irregular collections of contrast arising from the calyces and distortion of the medullary-calyceal anatomy.