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A case of acute kidney injury caused by abdominal compartmental syndrome managed by paracentesis as a model for non-surgical management of abdominal compartmental syndrome complicating acute kidney injury

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6⁵ year old Egyptian female diabetic, hypertensive, not known to be renal (baseline creatinine was 1.3 mg/dl one week before admission) presented by acute rapidly accumulating ascites and anuria. Initial clinical examination revealed massive ascites and bilateral pitting lower limb edema up to both knees, otherwise examination was normal and she was vitally stable. Her renal functions rapidly elevated and urgent hemodialysis session was done for hyperkalemia and metabolic acidosis measuring intra-abdominal pressure via intravesical pressure revealed very high pressure, so urgent tapping of ascites was done (about 12 liters over 3 days), with dramatic improvement of her renal functions which returned to normal within one week. Investigations: Elevated renal function, normal liver function tests. Investigations of ascites revealed malignant ascites which was secondary to cancer ovary. Differential Diagnosis: causes of acute kidney injury – causes of rapidly accumulating ascites. Abdominal compartmental syndrome (ACS) refers to markedly elevated intra-abdominal pressure (above 20 mmHg). Different etiological factors were identified like abdominal trauma, post-operative and massive intra-abdominal fluid accumulation. Definite pathophysiological mechanism of ACS still unclear but it may be related to renal venous pressure and vascular resistance. The gold standard method for measuring intra-abdominal pressure is intravesical (bladder) pressure measurement. Reducing intra-abdominal pressure via paracentesis, nasogastric suction or surgical decompression may occasionally improve renal function.

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