J Nephrol Ther 2016, 6:2 (Suppl)
http://dx.doi.org/10.4172/2161-0959.C1.025

Renal involvement in antiphospholipid syndrome

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Antiphospholipid syndrome (APS) is an acquired, immune-mediated thrombophilia occurring alone (primary APS, PAPS) or in association with other autoimmune diseases, mainly systemic lupus erythematous (SLE), (secondary APS), characterized by recurrent venous or arterial thrombosis and /or pregnancy morbidity in association with antiphospholipid antibodies (aPL) and/or lupus anticoagulant (LA). APS is being increasingly recognized as an important cause of renal injury due to thrombosis at any location within the renal vasculature. Accordingly, the renal manifestations of APS may include systemic hypertension in association with livedo reticularis, renal artery lesions, renal infarction, APSN, renal vein thrombosis and increased allograft vascular thrombosis. Testing for aPL must therefore be considered in patients with any of these manifestations. Nephrologists are expected to be involved more frequently in managing patients with APS, whether it is primary, secondary or, most certainly, with CAPS. Renal pathologists should carefully examine renal biopsies obtained from SLE patients with positive aPL for the presence of APSN, as this may have significant implications on therapeutic decisions. Biopsy has proven renal involvement in PAPS accounts for one-tenth of patients. The most characteristic histopathologic finding of APSN is fibrous intimal hyperplasia. When APS related nephritis complicates SLE nephritis, the course could be rather severe and the renal function could deteriorate. Anticoagulation remains the mainstay treatment of patients with renal involvement due to APS. In addition, patients with catastrophic features often require immunosuppressive therapy. Future studies may help to identify more targeted therapeutic agents. We reports a case of a 48 year old woman with antiphospholipid antibody syndrome, a clinical, paraclinical and bioptic diagnostic, with an acute thrombotic angiopathy that caused ischemic damage in the myocardium, pancreas, kidneys and lungs.

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Intraoperative injection of (99mm) Tc-nano-colloid for localization of non-palpable intra-testicular tumors in organ sparing surgery

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Radical orchidectomy is the standard treatment for malignant testis tumors. Radical orchidectomy results in androgen deprivation, infertility and impaired psychological well being, especially in synchronous bilateral tumors, metachronous contralateral tumors or tumor in a solitary testis. According to the European Association of Urology Guidelines, if preoperative testosterone level is normal and the tumor volume is less than 30% of the testicular volume, organ preserving surgery can be performed. For non-palpable tumors, organ sparing surgery needs a precise intraoperative localization with high frequency ultrasound, especially for non-palpable tumors. We report two cases of non-palpable intra-testicular tumors successfully localized using (99mm) Tc-nano-colloid injected with intraoperative US and detected with a γ-ray detection probe. This method is easily reproducible and safe for the patient. This technique could guarantee complete excision of the tumor, especially if the mass is poorly delimited.

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