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Calcified bullet thrombus of the inferior vena cava and left renal vein in an adult

A Leclerc¹, F X Lapebie², F Thuillier ¹, P Lacroix^{4, 5, 6}

¹Roland Mazoin Hospital, France

²Rangueil University Hospital, France

⁴Inserm, France

⁵University of Limoges, France

⁶University Hospital, Limoges, France

Calcifications within the inferior vena cava and renal veins are a rare diagnosis in newborns and even more in adults. The discovery of these lesions can be accidental or secondary. These calcifications have an uncertain cause and prognosis. In adults, the etiologies of this thrombosis of unusual site regroup cancer pathologies, followed by nephrotic syndrome, constitutional or acquired thrombophilia, locoregional or general infections, surgery and finally hormonal treatments or pregnancy. We report a case in a man of 55, with no particular medical history except a premature birth, admitted in vascular medicine consultation for a calcification in his left renal vein extending to the sub-hepatic inferior vena cava, discovered accidentally on a CT scan. All clinical investigations, biological and imaging in our patient failed to find such usual etiologies. Pediatric literature gives us a first draft of response, showing similar gun ball calcifications in fetus and newborns. Some maternal-fetal and birth conditions, like prematurity, have been associated with this diagnosis. In adults, these calcifications can be revealed by pulmonary embolism or other non-specific symptoms like renal failure. The found of such lesion should assess functional consequences, including renal and cardiopulmonary, and eliminate thromboembolic complication.

Biography

A Leclerc has completed his PhD from Limoges University. His Post-doctoral in the Department of Thoracic and Cardiovascular Surgery and Angiology from Limoges University Hospital, has been a great opportunity for him to develop his skills in Vascular Imaging and Diseases, Interventional Phlebology, Thrombosis and Hemostasis. He is now a Hospital Practitioner in Vascular Medicine at Saint Junien's Hospital. He has published papers in reputed journals like the European Heart Journal and participated at the European congress.

aurelien.leclerc@hotmail.fr

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