Original Research Paper

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General Medicine

A RARE CASE OF PAGE KIDNEY IN CHRONIC PANCREATITIS WITH PSEUDOCYST -CASE REPORT

Dr. P. Indurekha Resident, Department of General Medicine Government General Hospital Kurnool

Dr. S. Lakshmi bai* MD Associate Professor Department of General Medicine Government General Hospital Kurnool *Corresponding Author

ABSTRACT Page kidney phenomenon is development of hypertension in a previous normotensive individual secondary to compression of renal parenchyma by subcapsular collection of various reasons.Page kidney is most commonly due to traumatic subcapsular haematoma or urinoma.We present a 38 year old male - chronic alcoholic with pancreatitis with pseudocyst of pancreas developed hypertension secondary to page kidney phenomenon due to pancreatic pseudocyst invading subcapsular plane of kidney which is very rare. Patient was managed with ACE INHIBITORS and conservative treatment for pancreatic pseudocyst.we conclude that physicians should be aware of such rare complication,early diagnosis and timely intervention can decrease the mortality and improve quality of life.

KEYWORDS :

A Pseudocyst is fluid collection secondary to pancreatitis.Pancreatic pseudocysts are notorious for their extension beyond the normal confines of pancreatic bed due to dissection of enzymatic pseudocyst fluid along the fascial planes.Extenion of the pseudocyst in to the sub capsular plane of the kidney is rare.**Page Kidney** refers to Renin Angiotensin mediated HYPERTENSION due to renal hypo perfusion following long standing compression of renal parenchyma by subcapsular collection.

CASE REPORT:

38 year old man admitted with complaints of pain abdomen of 1month duration which is boring type of pain radiating to back ,followed by vomiting for 3-5 episodes.He is an alcoholic since 15 years.on examination at the time of admission PR:84/min ,BP:120/80mmof Hg. Tenderness and swelling noted in left hypochondrium and peri umblical region , investigated in terms of pancreatitis and confirmed as a case of alcoholic pancreatitis with pseudocyst.surgical opinion was taken and he was advised for surgical drainage of pseudocyst of pancreas.patient was not willing for surgery and was managed conservatively. After one week of admission in to hospital patient had severe head ache and his blood pressure was noted to be high i.e 180/100mmof hg which was normal earlier.Fundus examination was normal.patient was started on enalapril 5mg along with conservative treatment for pancreatic pseudocyst. the treatment of pancreatitis. On follow up after one month his blood pressure was normal along with spontaneous regression of the pancreatic pseudocyst on repeat ultra sonogram of abdomen.His lab reports Blood counts ,LFT, and RFT were normal .Serum amylase was 342 (25-125U/L), serum lipase- 628 (40-290U/L).Lipid profile was normal,serum calcium normal,Ultra sonogram of the abdomen showed bulky pancreas with irregular dilated pancreatic duct suggestive of chronic pancreatitis. Liver, gall bladder spleen are normal.right kidney is of normal size and echogenicity.left kidney 9*8cm hypoechoic cystic lesion noted with renal compression.CECT Abdomen- showed multiplepancreatic parenchymal calcifications along with collections in head of the pancreas.left kidney 11*9.7*10 cm well defined hypodense cytic lesion noted in peri nephric region communicating with main pancreatic duct at the tail of the pancreas. Plasma renin level-5.8ng/ml/hr (1.31-3.50)(FIGURE 1 And 2)

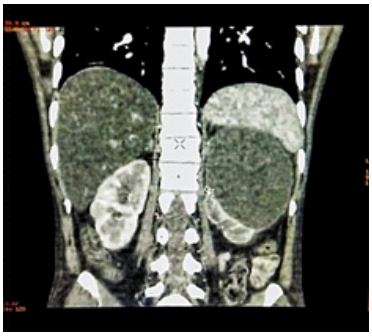

FIGURE 1

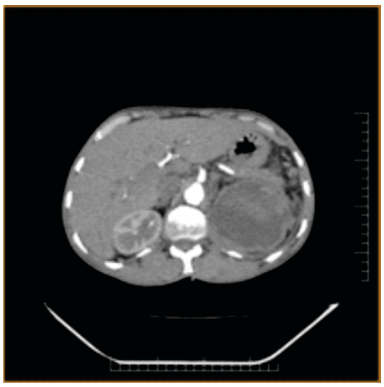

FIGURE 2

DISCUSSION:

Pancreatic pseudocyst has atypical locations due to pancreatic enzymes that has property of dissecting fascial planes.other than pancreatic bed the pseudocysts can be located at various sites like intra hepatic,intra splenic,intra renal and peri renal spaces.These pseudocysts at atypical locations pose diagnotic and therapeutic challenge. PAGE KIDNEY is mot often diagnosed based on imaging studies.ultrasonography and computed tomography are most frequently used modalities. Page kidney or page phenomenon results from external compression of the kidney and is rare treatable cause of hypertenion.peri renal pseudo cyst may compress, displace ,or distort the kidney leading to Hypo perfusion of the kidney although the main renal artery is unaffected.This microvascular ischaemia causes increase in renin level and activation of Renin –angiotensin-aldosterone system which led to hypertension. In this case there is long standing pancreatic pseudocyst communicating with subcapsular plane of kidney that led to development of hypertension.Proof of RAAS dependent hypertension in this entity is suggested by elevated plasma renin activity and response of blood pressure to RAAS blockers., and normalization of blood pressure following the spontaneous regression of pancreatic pseudocyst.

CONCLUSION:

As renal pseudocysts are rare peri nephric collections may resemble renal cysts and tumors posing a diagnostic dilemma.Early diagnosis and intervention can prevent development of hypertensive crisis and complications.

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