

## Case report

# A large fibroid uterus causing severe acute kidney failure

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### Introduction

Uterine leiomyomas are the most common pelvic tumor in women (estimated prevalence in hysterectomy-specimens 77 %). Myomas are clinically apparent in 12 - 25 % of reproductive age women. The incidence is two- to three-fold greater in women of African origin than in white women. Women of African origin appear to have surgery at a younger age, have larger uteri and more severe anaemia. Leiomyomas can cause obstructive renal impairment (8%), although the prognosis appears good.

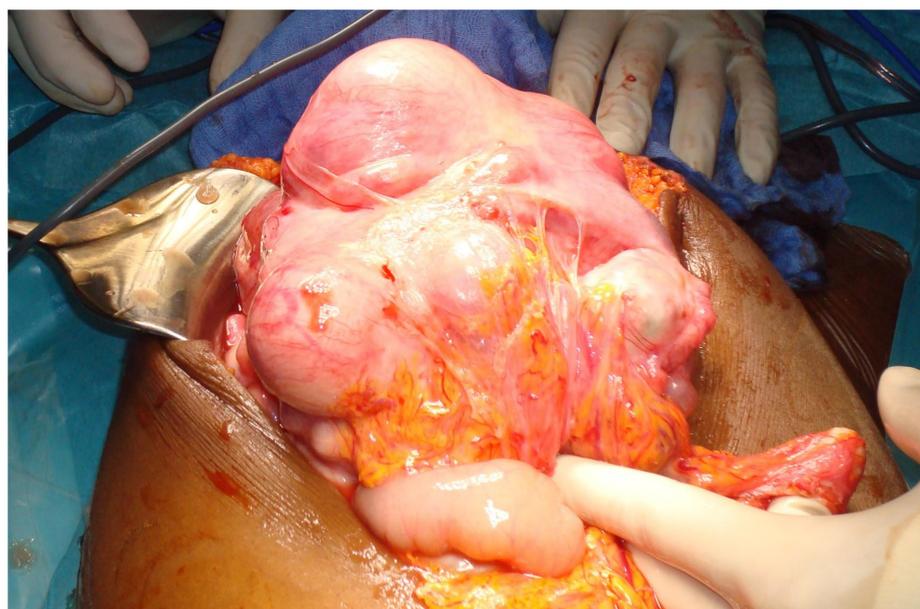
### Case Report

The 33-year-old Congolese nulliparous woman was admitted at a psychiatric Hospital because of three suicide attempts. She was transferred to an ICU because of abdominal pain with increased creatinine (311umol/l) and bilateral hydronephrosis IV°. The patient had already undergone a myomectomy in 2013 with removal of 13 leiomyomas. An emergency check-up showed an acute obstructive renal failure (AKIN Stad.3, eGFR CKD-EPI 19ml/min/1.73m<sup>2</sup>) due to compression of the enlarged fibroid uterus.

The placement of a JJ ureteral stent to relieve the obstruction was only possible in the left ureter. On the right side it was necessary to place a percutaneous nephrostomy. A kidney-scintigraphy showed a right Kidney with no function and a left kidney with reduced function.

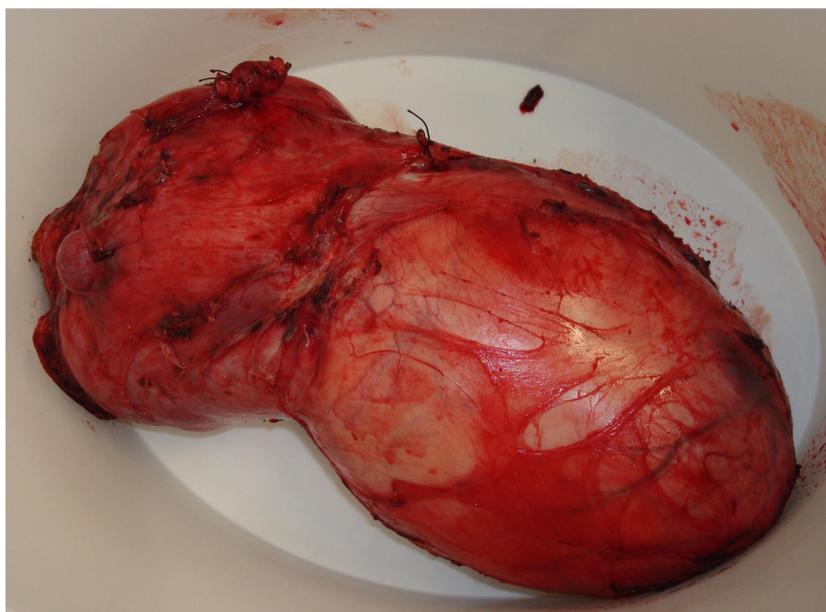
Because of a high risk of VTE (History of post-operative deep vein thrombosis after myomectomy in 2013) an inferior vena cava filter was placed before the operation and removed after three days.

The antithrombotic therapy with unfractionated Heparin was started at therapeutic dose. Due to severe renal impairment we were forced to carry out a total abdominal hysterectomy with bilateral salpingectomy via midline incision.



The large uterus weighed 2529 g and was 27x13x10 cm big. The operation was complicated by adhesions to ureters, bladder, rectosigmoid colon and to omentum majus.

After two month the patient is still at the psychiatric hospital. Creatinin values are persistent 240-260mmol/l, potassium and urea are in normal range. The patient has surprisingly no symptoms and a normal diuresis. The prognosis is severe but at the moment dialysis is not necessary.



### Discussion

Fibroids can cause severe complications because of the slow growth without causing severe disturbs to the patients. It's important to check by ultrasound their progression and also to check the kidneys because kidney injury due to compression has a good prognosis in early stage.