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Wunderlich syndrome secondary to bilateral renal angiomyolipoma

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Introduction

Wünderlich syndrome is understood as spontaneous subcapsular or perirenal renal hemorrhage of non-traumatic etiology secondary in 63% of cases to neoplastic ethology. The first clinical description was in 1856 by Wünderlich referring to spontaneous apoplexy of the renal capsule. It usually debuts with the classic triad of Lenk intense pain in the left flank of sudden onset, palpable mass, and hypovolemic shock.

Case presentation

A 30-year-old female patient with no significant medical history, presenting in February 2019 with persistent gross hematuria, abdominal pain, and hypovolemic shock. T1 Nuclear Magnetic Resonance of the abdomen showed bilateral renal injury classified as perirenal hematomas.

She underwent exploratory laparotomy finding a hemoperitoneum of approximately 1500 cc, being necessary to perform left nephrectomy. The histopathological report reported multifocal epithelioid angiomyolipoma with severe pleomorphism, atypical mitosis and necrosis in 60% of the tissue, with vascular invasion and perirenal adipose tissue with the following dimensions 6.4x4.3x3x4.7 cm at the upper pole and 4x3.5x2.5 cm at the lower pole. Negative to HMB45 and positive to cytokeratin.

It is evaluated by angiology to perform selective embolization of angiomyolipoma in the right kidney, which was not performed due to multiple neovascularization of the same.

Requiring immediate postoperative renal function replacement support with hemodialysis sessions.

Three months after the surgical event, he presented hemoptysis, severe headache. Presenting now an entity aneurysmal subarachnoid hemorrhage that required surgical intervention,

Conclusions

Wünderlich Syndrome represents a controversial entity regarding the decision of the conduct to be followed in a scenario of non-traumatic renal hemorrhage in which the etiology of the picture is not demonstrated during.

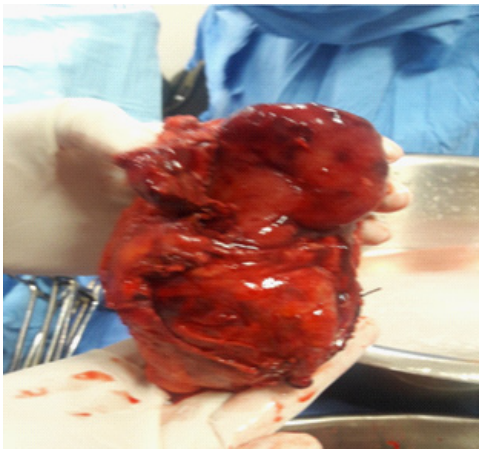

Figure 1: Surgical specimen left nephrectomy + tumor lesion corresponding to angiomyolipoma.

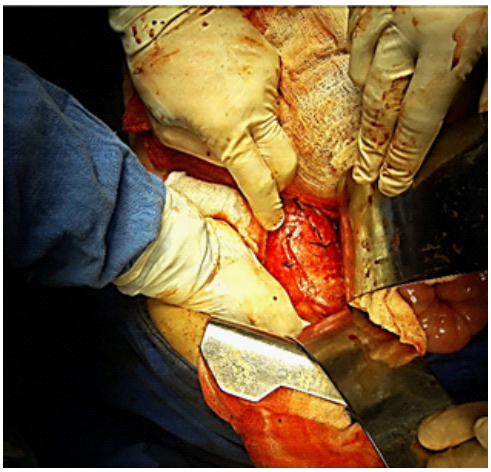

Figure 2: Bleeding control of the renal capsule. Left during surgical event.

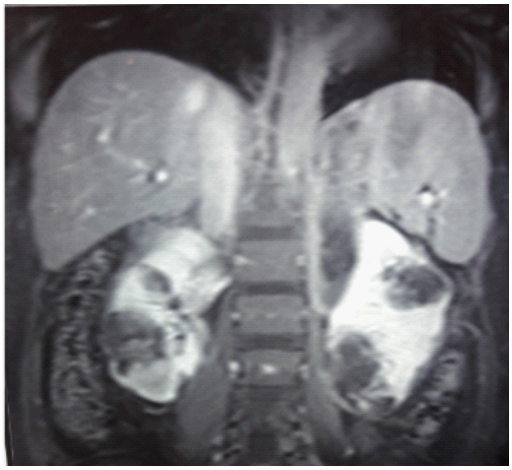

Figure 3: Nuclear magnetic resonance at t1, shows bilateral renal lesions corresponding to angiolipomas.

Initial assessments

In the current medical literature, only a hundred patients with this entity have been reported. Of which more than half related to the presence of renal tumor. Diagnosis is a great challenge; It is based on clinical and complementary examinations such as ultrasound, computed axial tomography and arteriography. The treatment is individualized, often depending on the patient's debut picture will require urgent surgical intervention; In most cases, conservative management is preferred.

Objective: Reporting rare entity in Oncology.