Not So SRAD: A Case Report on Spontaneous Renal Artery Dissection
Vanessa Hwu MS-IV1 William Ghaul DO2

1Department of Internal Medicine, Lehigh Valley Health Network, Allentown, PA

Introduction
• Spontaneous renal artery dissection is a rare condition that has been associated with atherosclerosis, hypertension, and connective tissue disease.
• Symptoms are relatively non-specific and include flank pain and hematuria.
• Often a diagnosis of exclusion, different imaging modalities such as abdominal ultrasound and CT angiography can help uncover a diagnosis.

Case
• History significant for laparoscopic Heller myotomy and fundoplication 13 days prior.
• Visiting as a commercial pilot from South Africa.
• CTAP revealed thrombosis of the right renal artery branch and infarction of the posterior medial right kidney.
• Admitted to hospital medicine for management.

Results
• Vascular surgery, hematology, and nephrology were consulted.
• Given his recent surgery, CT angiography was ordered which showed a focal dissection involving the posterior branch of the right main renal artery with multiple renal infarcts.
• Vascular surgery recommended medical management with daily aspirin and strict blood pressure control.
• Repeat renal artery duplex ordered for 2-3 months time.
• Discharged home on hospital day 3 to South Africa.

Conclusion
• Most cases of SRAD occur in patients with previous risk factors such as hypertension, connective tissue disease, etc.
• Extensive coagulopathy work-up yielded limited results.
• Diagnosis made with CTA imaging.
• Awareness of this condition and early imaging is vital ofr establishing a diagnosis.

References