

Introduction

- Prostate artery embolization is an intervention for symptomatic benign prostatic hyperplasia.
- Post-embolization syndrome, characterized by flu-like symptoms, leukocytosis, and transaminitis following shortly after is a known syndrome.
- Concurrent rhabdomyolysis and associated acute kidney injury (AKI) are not yet reported in the literature.
- Our aim of this case report is to increase awareness of this potential complication.

Case Presentation

- A 78-year-old man with a history of benign prostatic hyperplasia presented to our emergency department for complaints of flu-like symptoms and generalized weakness shortly following prostate artery embolization one day prior.
- On physical exam, he had diffuse muscle weakness and muscle tenderness, and suprapubic fullness.
- Complete blood count showed white blood cell count of 17,500 WBCs/ μ L.
- Serum chemistry showed serum creatinine of 2.2 mg/dL (baseline 1.3 mg/dL), elevated AST (489 IU/L), and elevated ALT (126 IU/L).
- Serum creatine kinase was above the detectable limit (>22,000 U/L).
- Urinalysis showed 3+ blood, 0 RBCs/hpf.

Case Presentation (cont)

- He was admitted for post-embolization syndrome and rhabdomyolysis with AKI.
- Renal function improved back to baseline with intravenous fluids and supportive care.
- However, while his weakness improved, it did not return to baseline and he was discharged for physical rehabilitation.
- His weakness continued to persist for months on subsequent follow up.

Discussion

- Our patient's presentation was consistent with post-embolization syndrome.
- The presence of concurrent rhabdomyolysis and associated acute kidney injury was notable, as they have not been reported together yet in the literature review.
- We suggest the possibility of inadvertent embolization and infarction of skeletal muscle tissue that was supplied by proximal collaterals of the prostate arterial supply.
- Fortunately, his renal function returned to baseline, however he continued to experience ongoing muscle weakness for months, which affected his quality of life.

Conclusion

- Post-embolization syndrome is a complication of target-organ embolization.
- We present the first case of post-embolization syndrome with concurrent rhabdomyolysis following prostate arterial embolization.
- We suggest further research to raise awareness of this potential complication following this procedure, as it can have significant effects on the quality of life and renal function if not recognized and stabilized early.

References

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