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Left Renal Infarction due to Acute Renal Artery Thrombosis due to Leiden Factor Five Thrombophilia and Trauma

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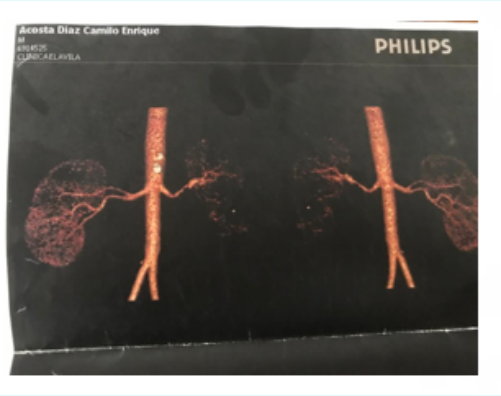
Renal infarction is a rare disease with an incidence of 1.4%. The first report of infarction was in 1856 after UB. It is more common in women at the age of 60. The symptoms are varied flank pain, abdomen accompanied by nausea, vomiting, leukocytosis, increased LDH, elevated creatinine urea. There are reports of preference on the left side. It is very important to rule out the ruling out of thrombi in the left ventricle, left atrium, presence of atrial fibrillation, cardiac tumors, vasculitis, aortitis, thrombophilia is type factor five of Leiden, prothrombin mutation.

Resolution with angioplasty, placement of two telescoped stents and infusion of tenecteplase (Picture 1). Two cases of 45 years and 34 men without coronary risk factors, diabetes, immunological diseases, or genetic, were presented, who entered with colic pain in both renal flanks and abdomen. Cardiovascular examination showed discreet arterial hypertension 140-99, 150-80 with unbearable colic-like colic pain radiating from the abdomen. Laboratory tests indicated discreet leukocytosis, increased sedimentation rate, which is why an electrocardiogram was performed, abdominal radiography, renal Doppler echo, and intravascular ultrasound with vulcano machine an iv catheter (See picture 1).



Picture 1 : *Kidney infarction.*

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We describe a case with combine thrombophilia and dissection with good results a follow up till February 2021 [1,2].

Ethical Responsibilities

The authors declare that they have no conflicts of interest when writing the manuscript.

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