

BILATERAL ADRENAL HEMORRHAGE (BAH) – A REVERSIBLE CAUSE OF ACUTE RENAL FAILURE (ARF)

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Introduction: Heparin is used very commonly in hospital settings and could be a cause of thrombocytopenia which can have very serious and devastating consequences. We report a case of BAH resulting in ARF.

Case Report: An 80 year old female with past medical history of diabetes, hypertension and hyperlipidemia was admitted with newly diagnosed gastric cancer and underwent partial gastrectomy. Physical exam on admission was unremarkable. Initial post operative course was uneventful. Nine days after surgery, patient was found profoundly hypotensive with a BP of 60/40 and had a temperature of 101°F. She was emergently intubated and started on high dose of multiple vasopressors and intravenous fluids for blood pressure (BP) support. Patient went into oliguric renal failure with BUN/Creatinine trending up to 44/3.3 (baseline serum creatinine was 1.0). Urine analysis showed large blood and protein-100. Platelet count dropped to 33 from 290, Prothrombin time/Activated partial thromboplastin time (PT/PTT) was 40/108.3. Total serum Cortisol was 0.6. ACTH stimulation test revealed a Cortisol level of 0.6 as well. Blood cultures were negative. Patient developed multiple arterial and venous thrombotic events. CT scan of abdomen revealed bilateral adrenal enlargement consistent with hemorrhage. There was no evidence of renal arterial or venous thrombosis. HIT antibodies were positive, hence a diagnosis of heparin induced Thrombocytopenia was made. Heparin was stopped and patient was started on lepirudin and intravenous hydrocortisone with normalization of BP and platelet count. Serum creatinine gradually trended to its baseline of 1.0 with resolution of oliguric renal failure.

Discussion: BAH can have a very non specific presentation. Diagnosis, if delayed can be life threatening. It should be considered in a patient presenting with new onset Thrombocytopenia and with therapy resistant hypotension, while on heparin. If treated immediately, resulting ARF is reversible. If delayed may result in hemodynamic collapse.

References: 1. Leon E Kurtz, Bilateral adrenal hemorrhage associated with heparin induced Thrombocytopenia. American Journal of Hematology, 2007.