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CASE REPORT

POLYCYSTIC KIDNEYS

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Adult polycystic disease of the kidneys is not uncommon. The commonest mode of presentation is with dull abdominal pain. Hypertension is common. I report three cases of the disease to increase awareness.

CASE 1

A 36 years male labourer from Mansehra was admitted with a 1 month's history of headache, anorexia, body aches and a 3 days' history of weak eye sight and mild weakness of the left upper limb. He had no past history of significant illness or hospitalization. A brother was hypertensive, otherwise the family history was non-significant.

On Examination

Pulse 88/mt regular. BP 180/150. The JVP was normal. There was no cardiomegaly. The two heart sounds were normal and there was no murmur. The chest was clear. The abdomen was normal and there was no visceromegaly or palpable masses. Neurological examination revealed grade IV hypertensive retinopathy, intact cranial nerves, no loss of power, an intact sensory system, normal co-ordination and gait. The tendon jerks were normal and the plantars were down going.

Investigations Blood urea: 24 mg%.

Serum electrolytes normal.

Abdominal ultrasound: Polycystic kidneys.

IVU: Polycystic kidneys.

Diagnosis: Polycystic kidneys.

CASE 2

A 60 years' male policeman from Havelian was admitted with a 3 months' history' of effort dyspnoea, frequency of micturition, and pain in the left flank. He had no past history of significant illnesses or hospitalizations. The father had died 15 years back and was a known hypertensive. The patient had one sister aged 50 who was healthy.

On Examination

Pulse 80/nit regular. BP 170/105. The JVP was normal. There was clinical cardiomegaly and a heaving cardiac impulse. Both heart sounds were audible and the second heart sound was loud. An ejection click was audible at the left sternal edge. There were no murmurs. The chest was clear. Abdominal examination revealed bilateral bimanually palpable masses in the renal areas. Otherwise the abdomen was normal. Neurological examination was normal.

Investigations Blood urea: 45 mg%.
Serum electrolytes normal.
Urine microscopy: Microscopic haematuria.
ECG: Left ventricular hypertrophy.
X-ray chest: Cardiac shadow at the upper limit of normal. Clear lung fields.

Echocardiography: Left ventricular hypertrophy. Abdominal ultrasound: Bilateral polycystic kidneys. IVU: Bilateral polycystic kidneys.

Diagnosis: Polycystic kidneys.

CASE 3

A 50 years' female housewife from Kaghan was admitted through the casualty with a 6 hours' history of loss of consciousness. The son admitted that his mother was a diagnosed hypertensive and was on Methyldopa 250 mg 8 hourly.

On Examination

Pulse 92/mt regular. BP 250/120. The JVP was normal. The heart was clinically not enlarged. The heart sounds were audible and normal. The chest was clear. The patient was unconscious but would withdraw on deep pain. There was marked neck stiffness and the Kernig's sign was positive. The pupils were equal and reacting to light. There was no papilledema. The

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plantars were up going on both sides. Abdominal examination revealed bilateral masses in the renal areas.

Investigations

Lumbar puncture: Uniformly blood stained fluid.

Blood urea: 45 mg %.

Serum electrolytes: Hyponatremia.

Abdominal Ultrasound: Bilateral polycystic kidneys.

The patient was kept on anti-hypertensive therapy and conservative therapy for subarachnoid haemorrhage. She regained consciousness within 24 hours and was referred for neurosurgical opinion. Four vessel angiography revealed a berry aneurysm.

***Diagnosis*:** Polycystic kidneys with hypertension and an associated berry aneurysm.

COMMENTS

Adult Polycystic Disease of the Kidney is an autosomal dominantly inherited condition which usually presents after the age of 30 years, though computerized tomography may pick up the cysts earlier. In rare cases, the adult disease may present in infancy[1]. The patients may present with hypertension, haematuria, recurrent urinary tract infections or chronic renal failure. Accelerated hypertension is not uncommon. About l/3rd of patients may have associated cysts in the liver [2] as well. Patients with polycystic renal disease have a higher incidence of berry aneurysms and may die of subarachnoid haemorrhage [2]. Neoplastic changes in the polycystic kidneys are well recognized, though uncommon [3,4].

REFERENCES

1. Blythe H and Ockenden BG. Polycystic disease of the kidneys and liver presenting in childhood. J Med Genet, 1971; 8: 257-284.
2. Adult Polycystic disease of the kidneys. Br Med J, 282: 1097-98.
3. Kumar S, Cederbaum AI and Pletka PG. Renal cell carcinoma in polycystic kidneys: Case report and review of literature. J Urol 1980; 124: 708-9.
4. Ng RCK and Suki WN. Renal cell carcinoma occurring in a polycystic kidney of a transplant recipient. J Urol, 1980; 124: 710-12.