

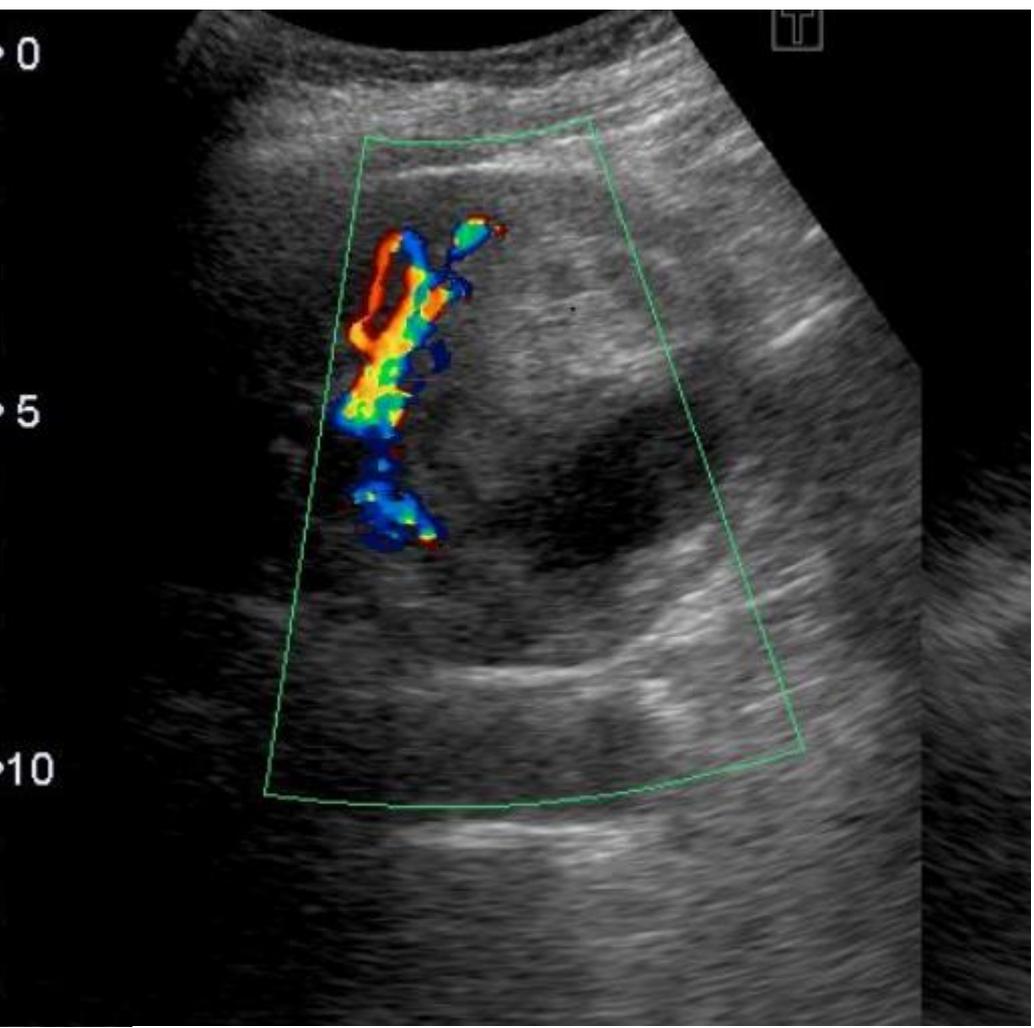
Pharmacoangiography + TAE:
Fat poor angiomyolipoma in rt
kidney

水沼仁孝

那須赤十字病院

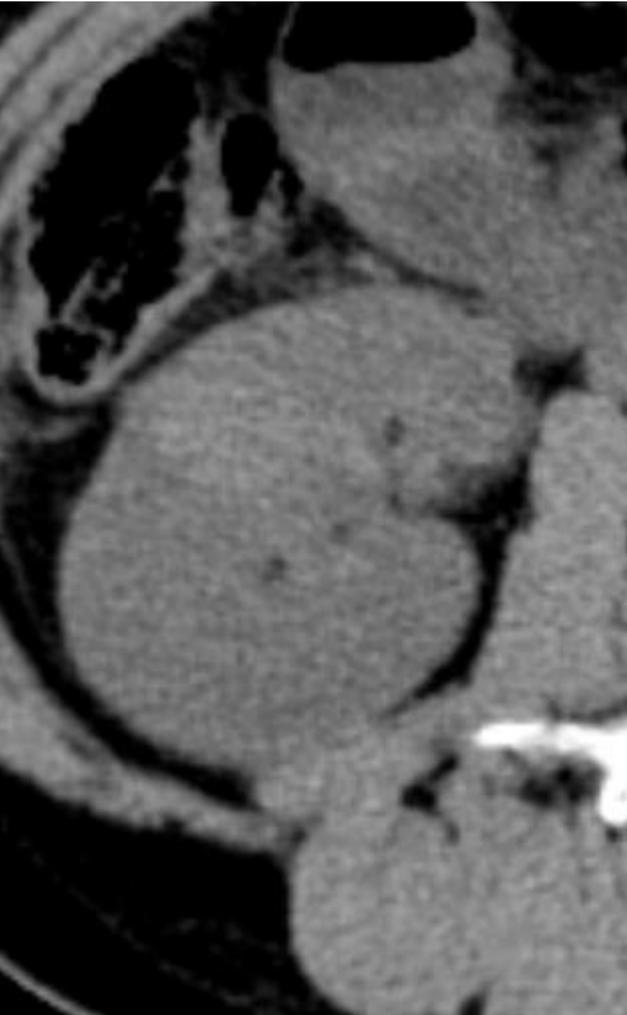
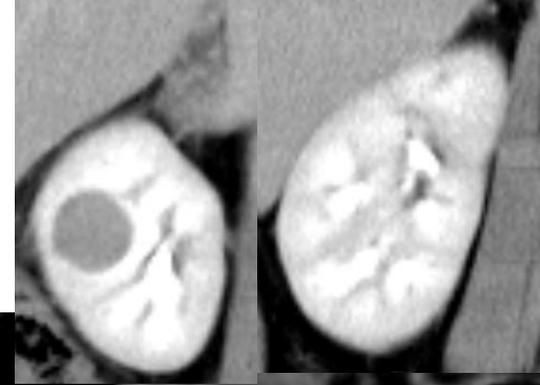
33F

- 2013 27歳時、右卵巢内膜症性嚢胞摘出前のCTにて右腎腫瘍指摘される
- 2019/05/08 右季肋部痛、当院へ紹介

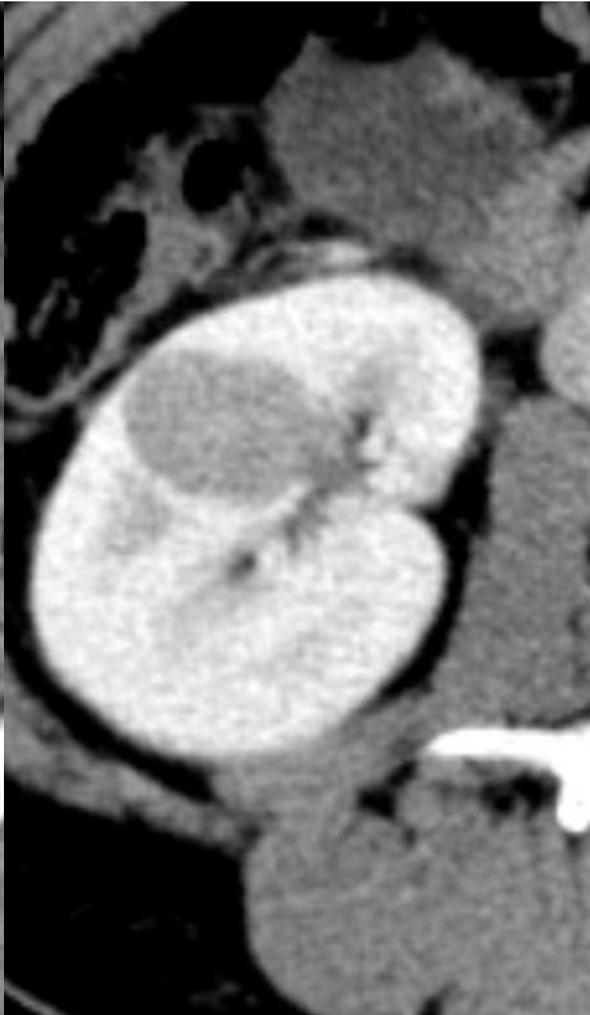


2013/10/26

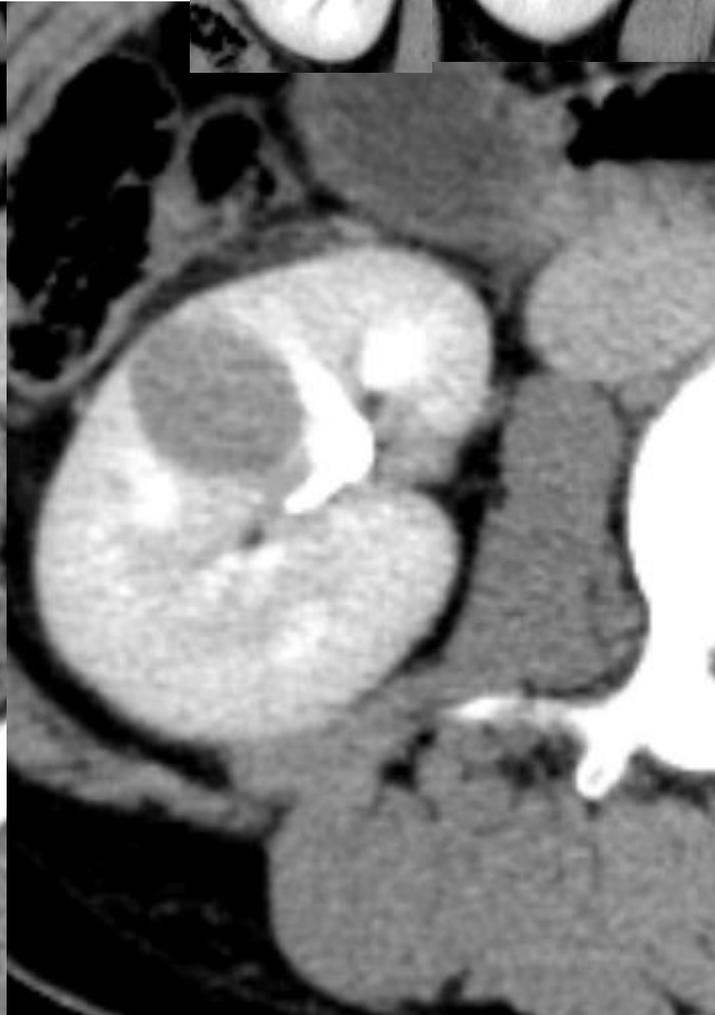
右下腹部痛にて受診、卵巣の内膜症性嚢胞診断。
そのとき、右腎腫瘍指摘。



46HU

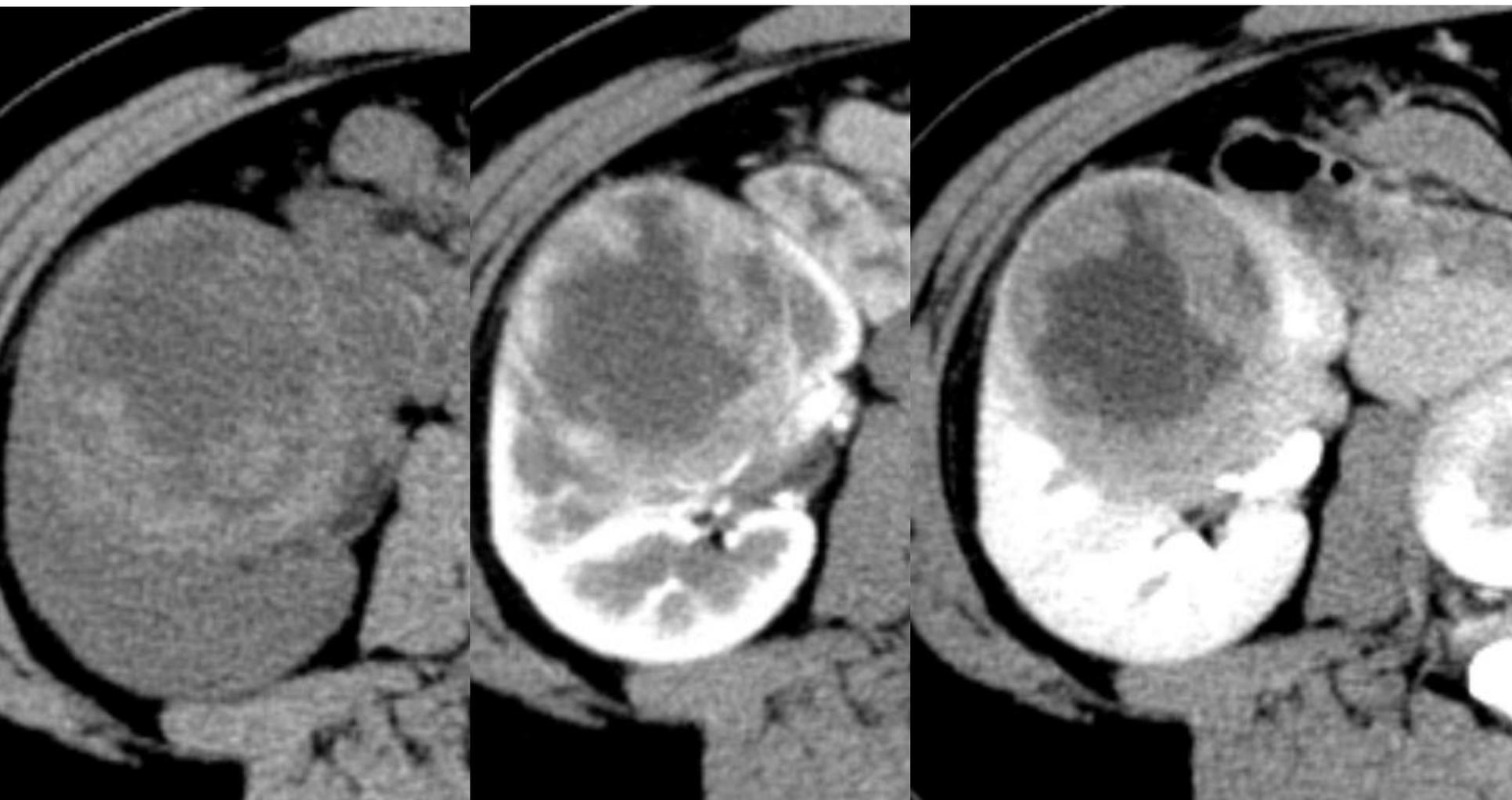


92HU



79HU

2019/05/10

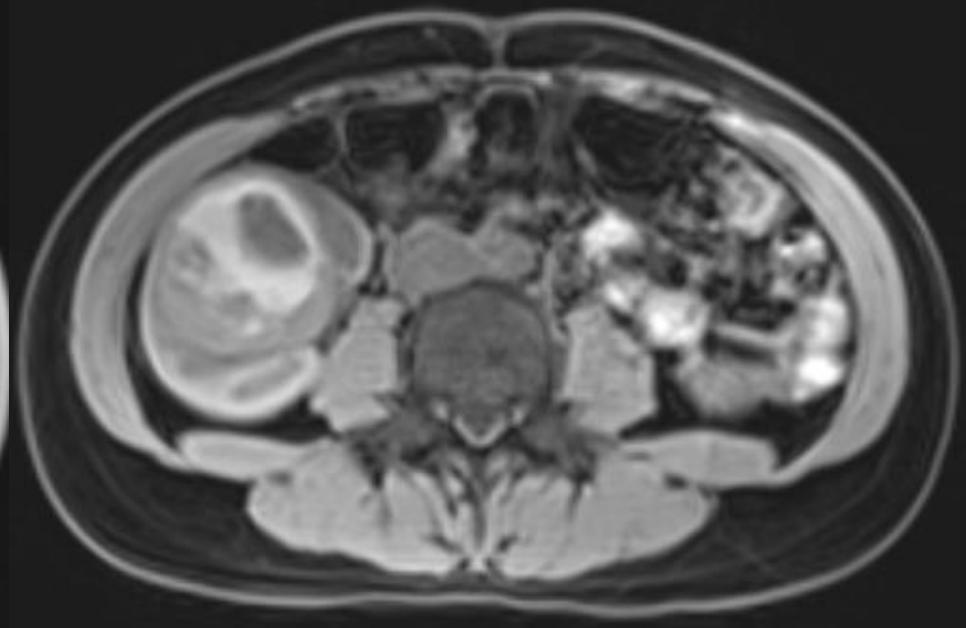
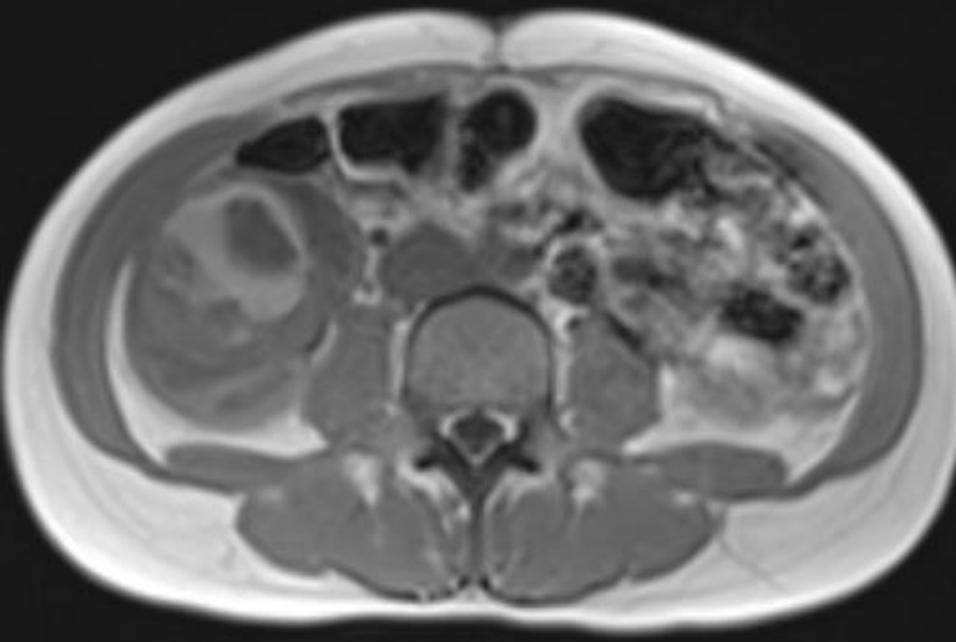
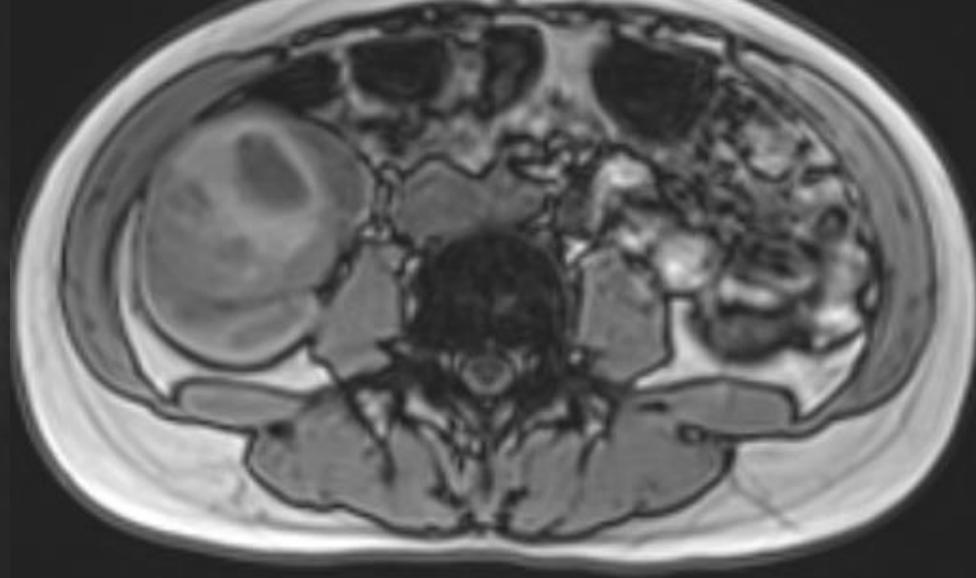
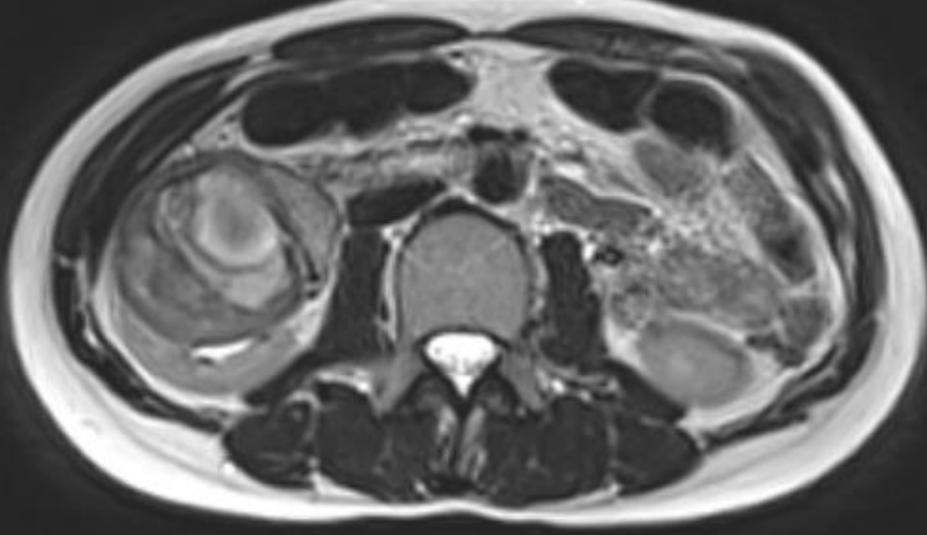




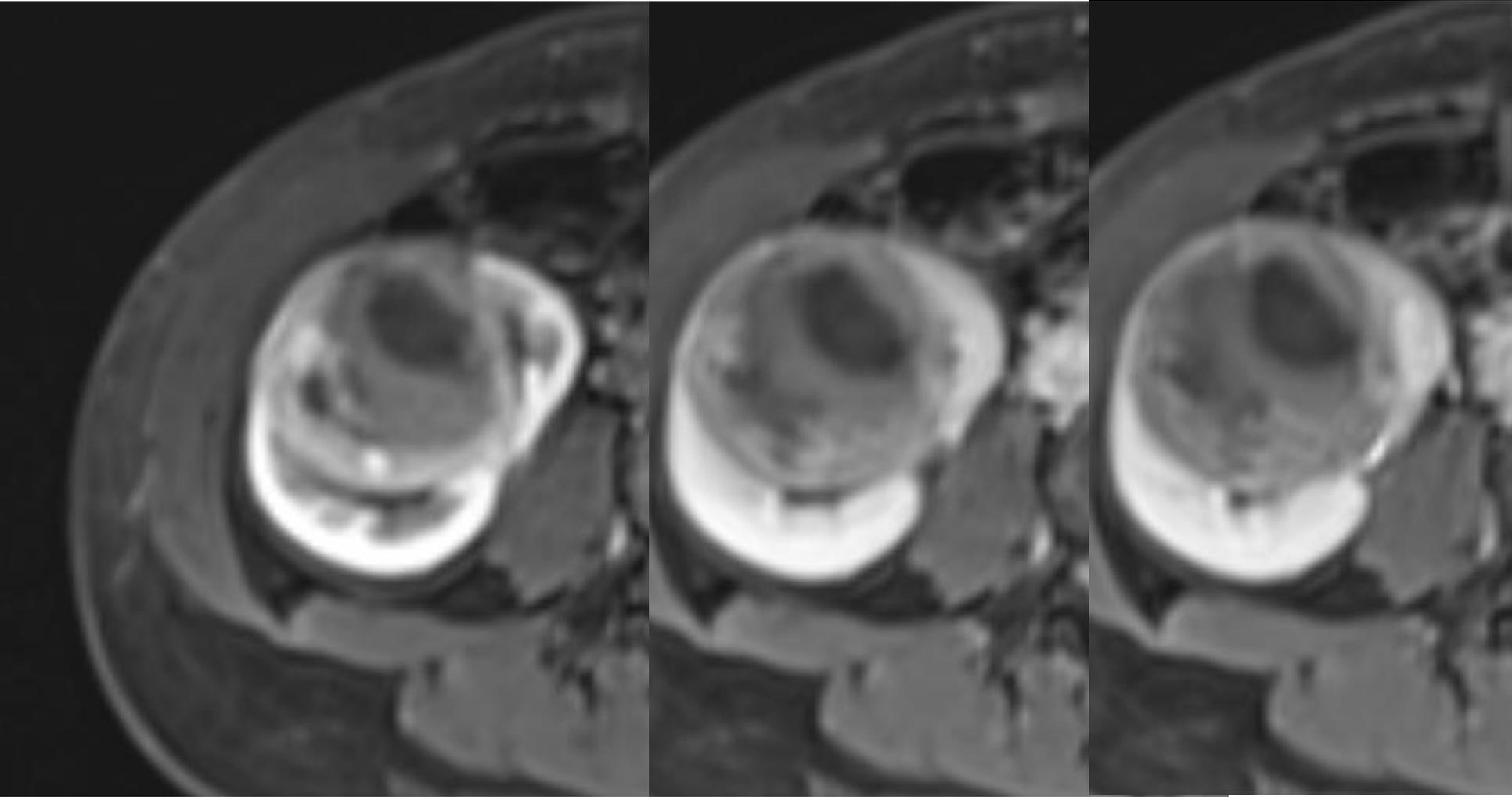
45HU

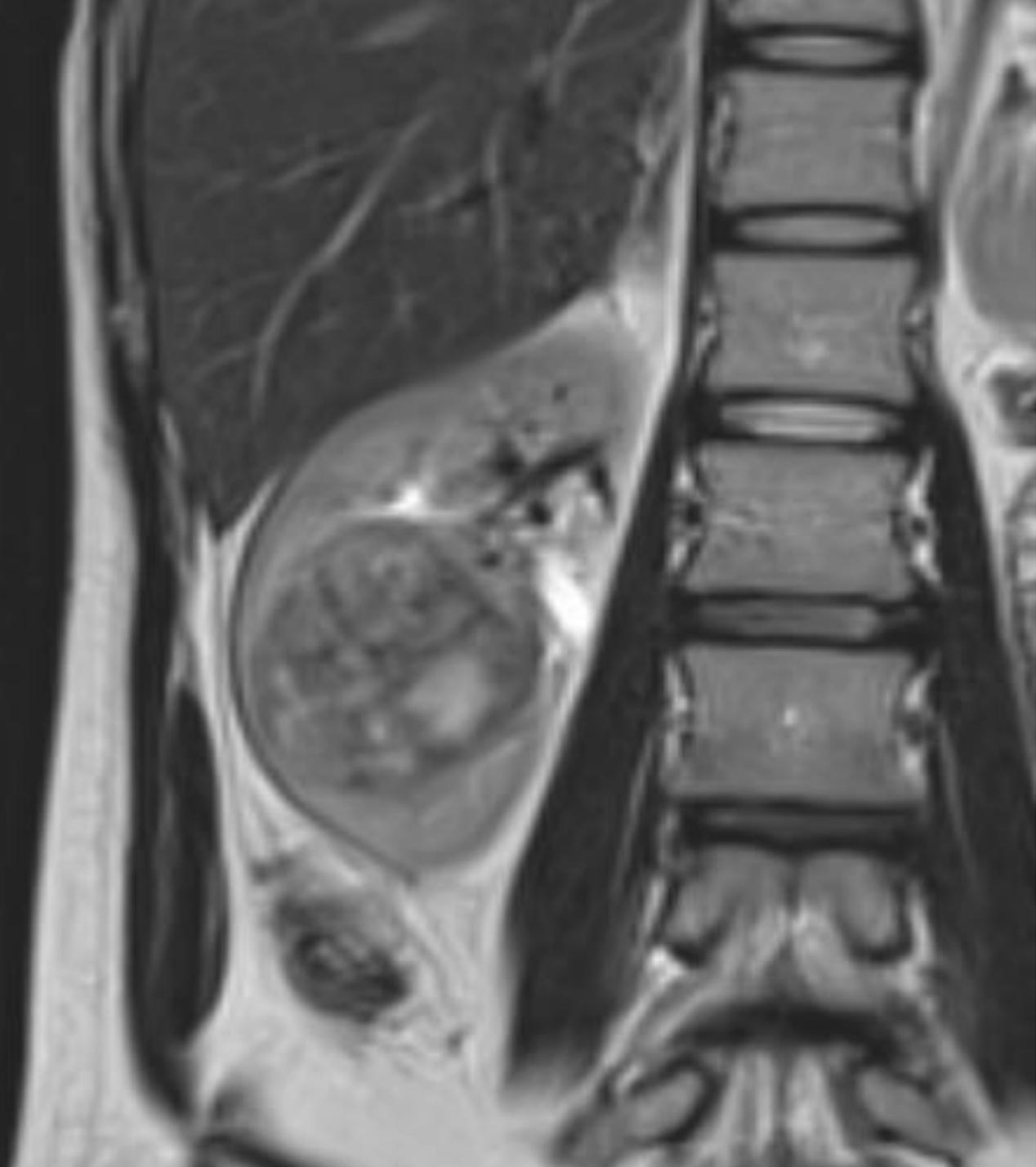
62HU

28HU



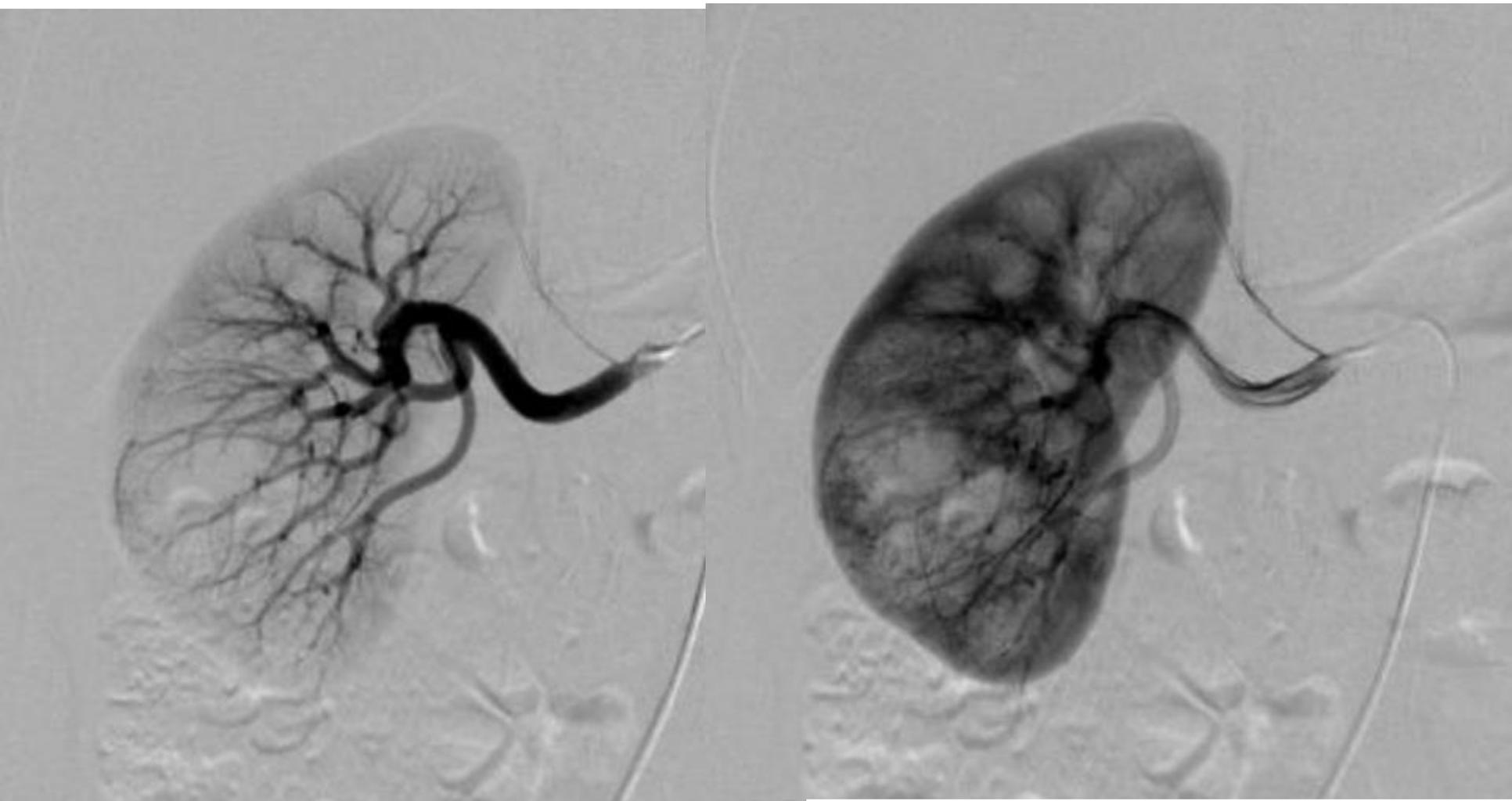
Dynamic MRI



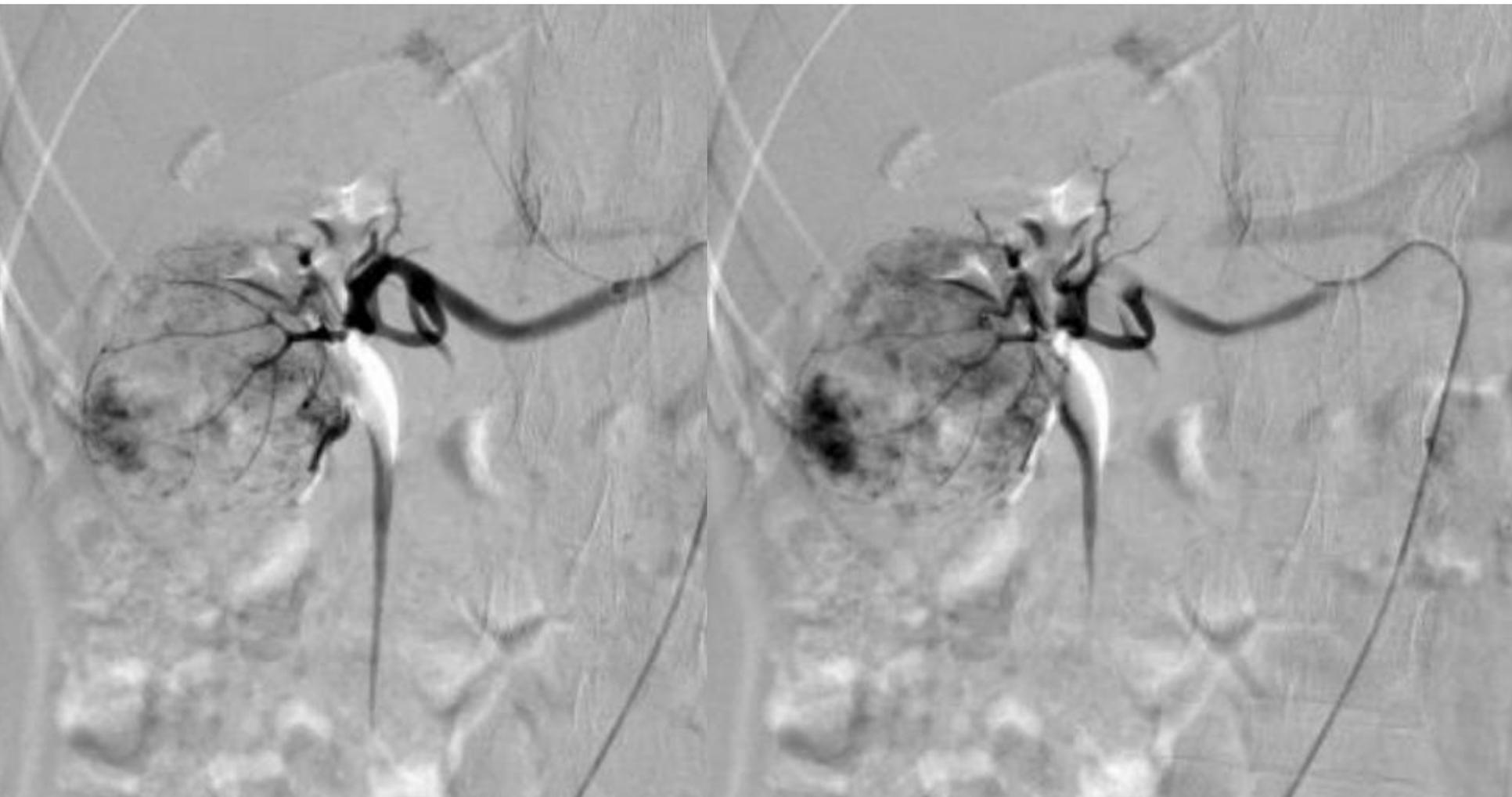


7/10

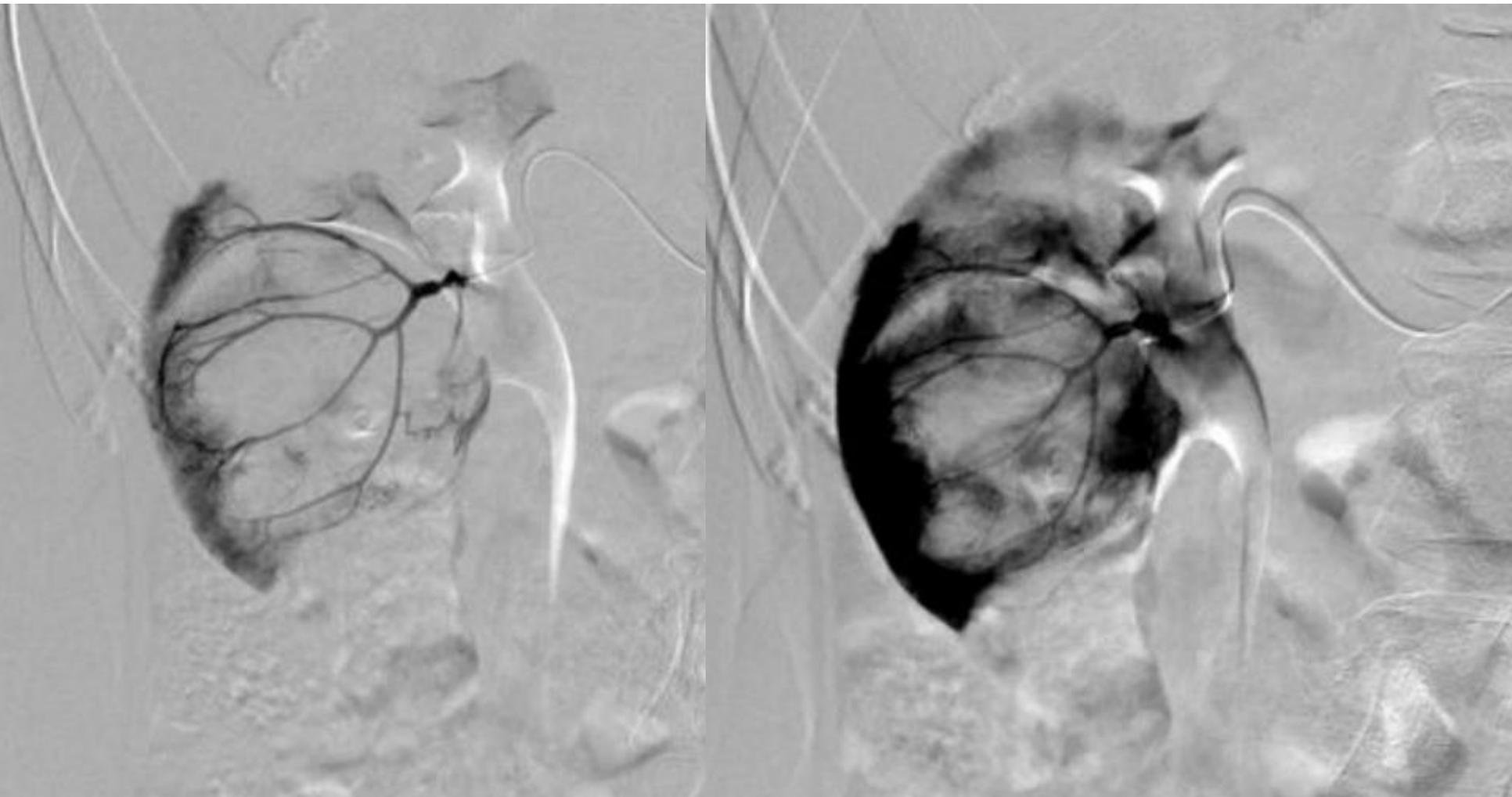




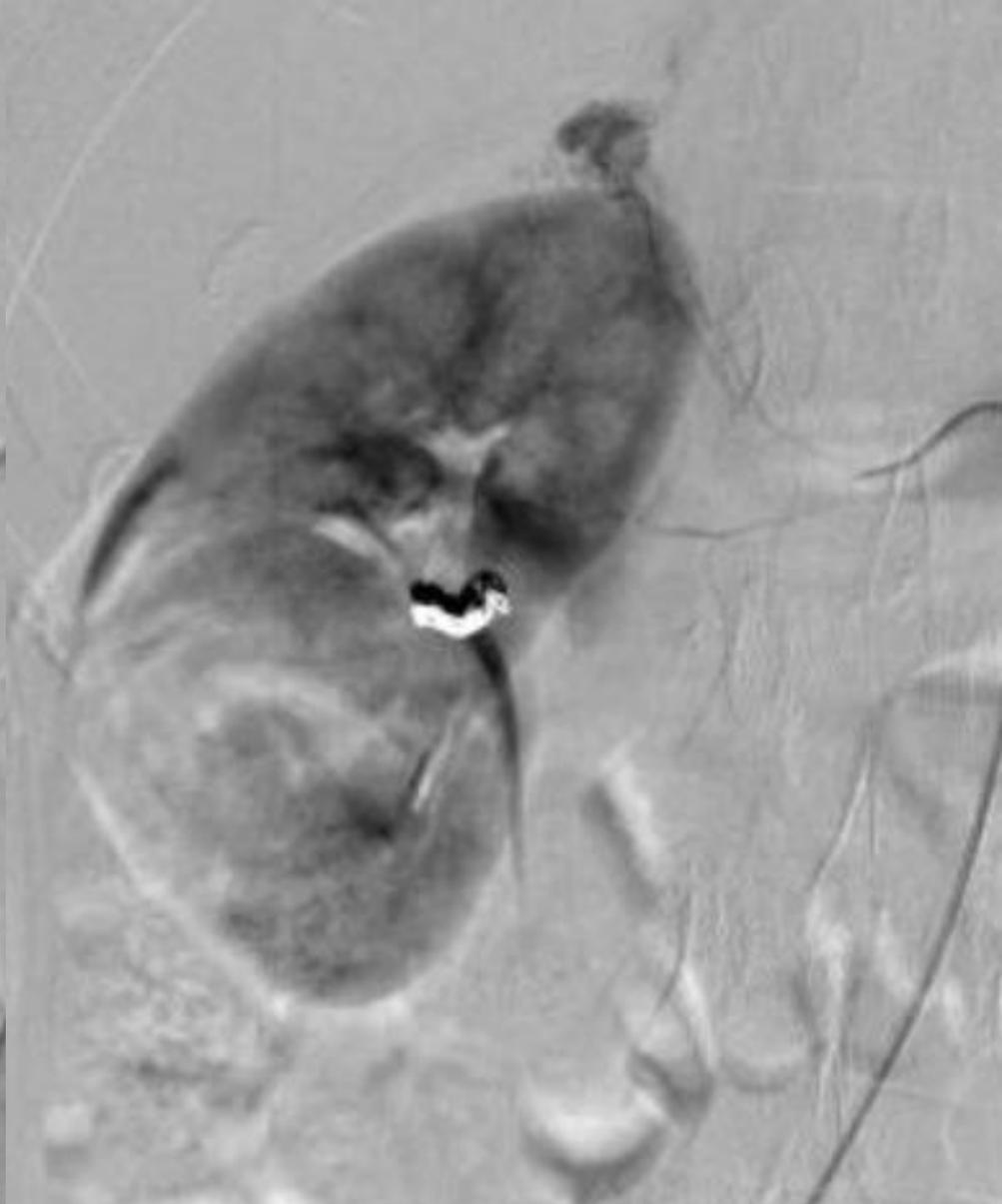
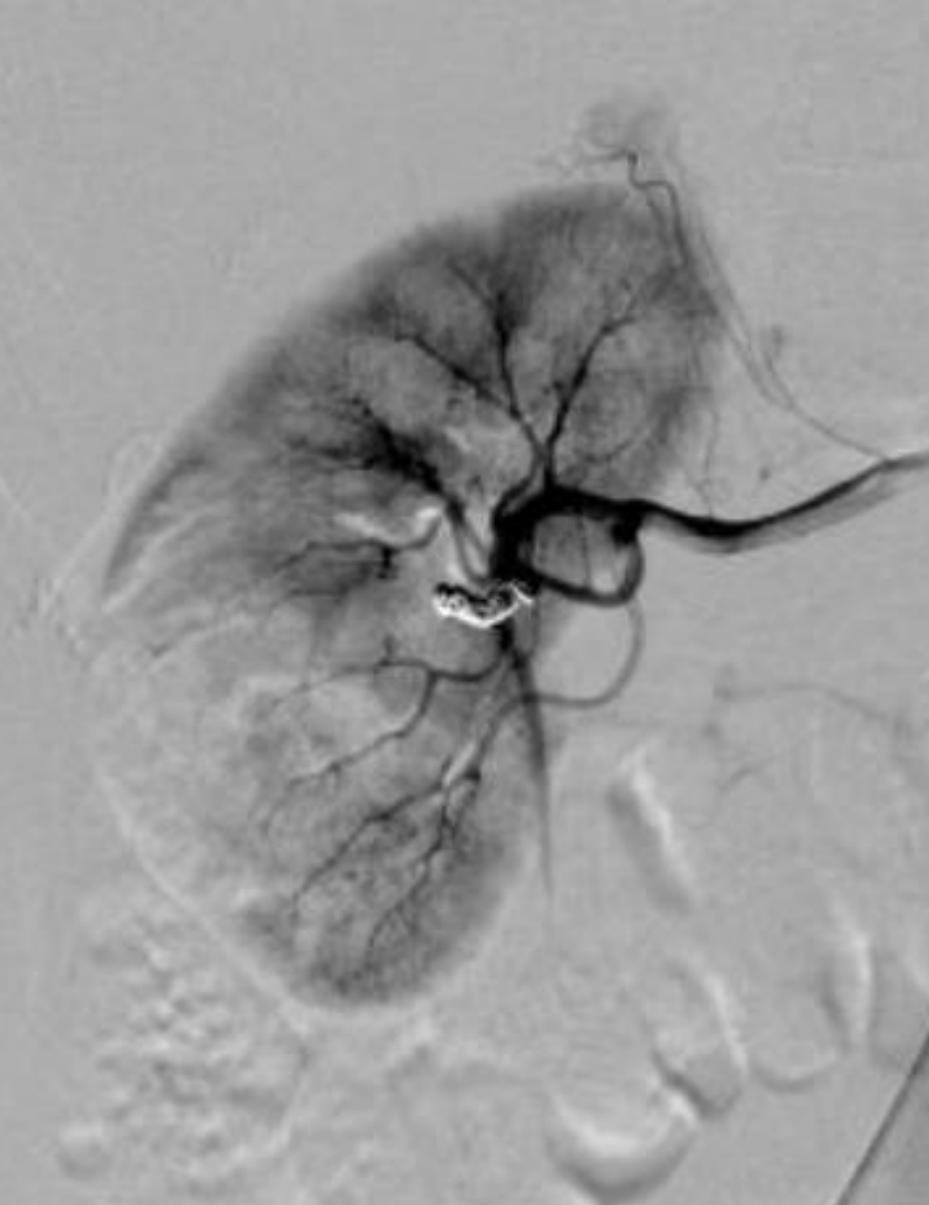
DSAを施行するも、腫瘍血管と正常腎内血管との鑑別できず。



ノルアドレナリン80 μ gを動注後、ファーマコアンギオグラフィーを施行。
右腎下極に腫瘍血管を同定。

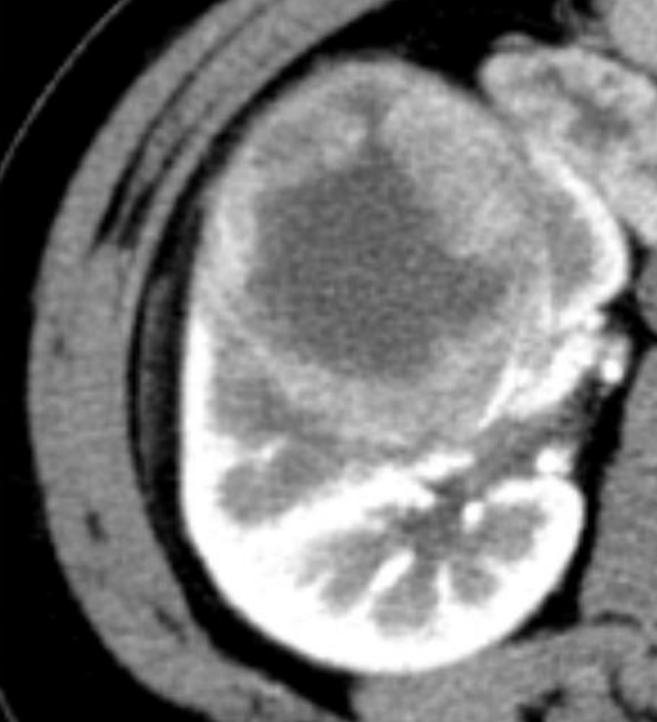


マイクロカテーテルにて腫瘍血管を選択。確認造影。

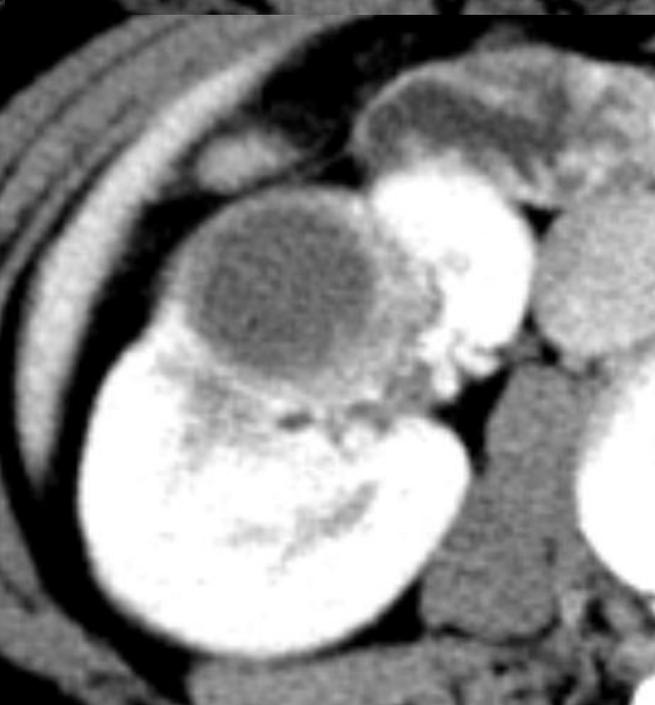
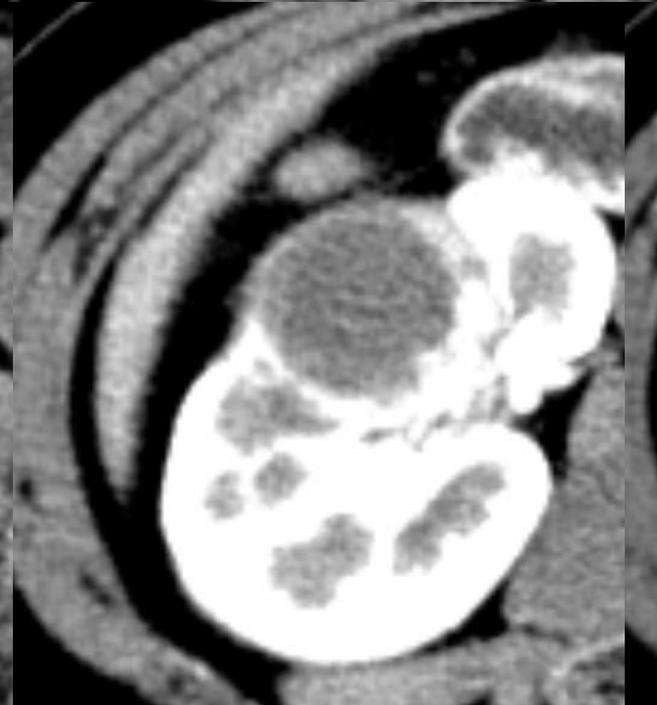


ゼラチンスポンジ細片にて血流がなくなるまで塞栓。腫瘍血管起始部に対し、2mm/4mmボルテックス6cm長のシーストッパー、更に2mm/4mmボルテックスにて塞栓。再度ファーマコアンギオを施行し、腫瘍血管消失を確認。

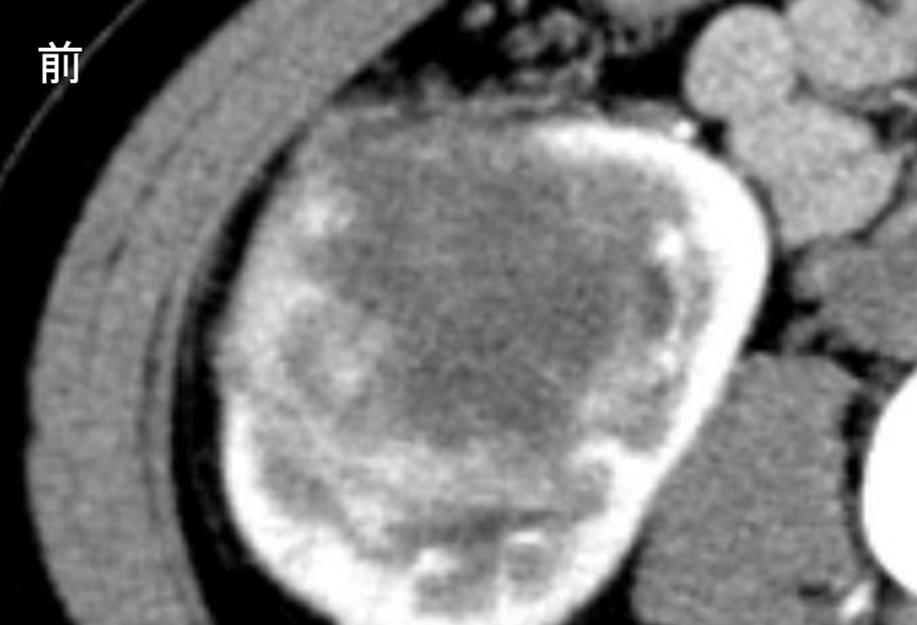
前



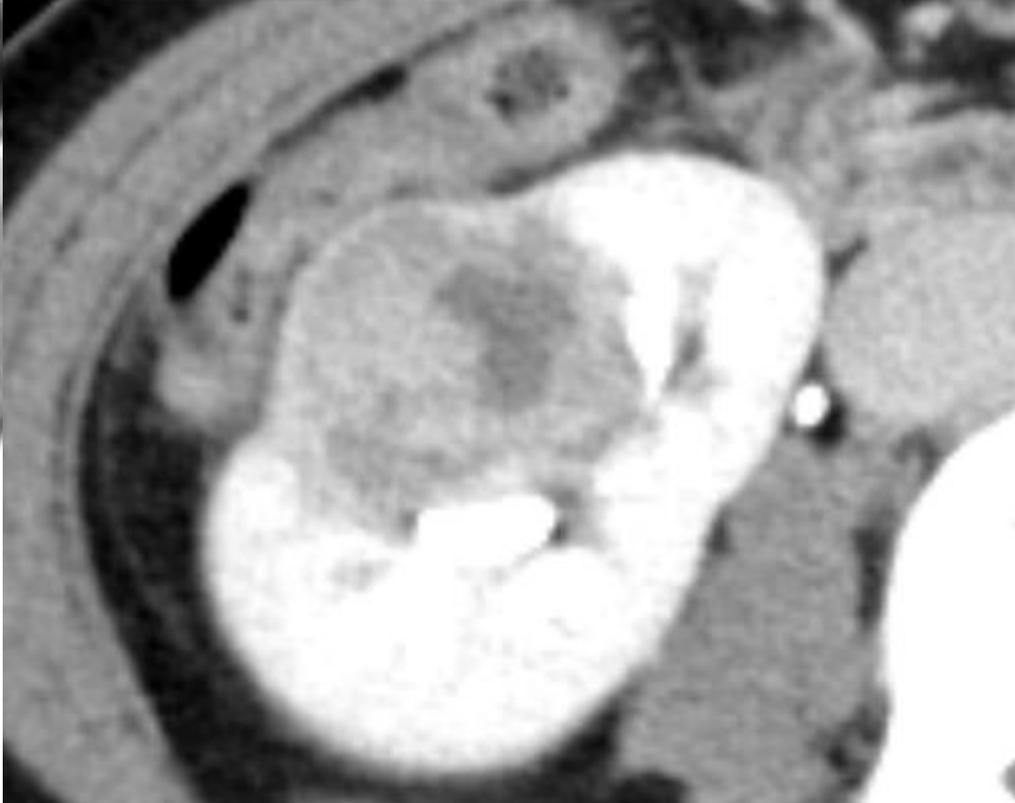
後

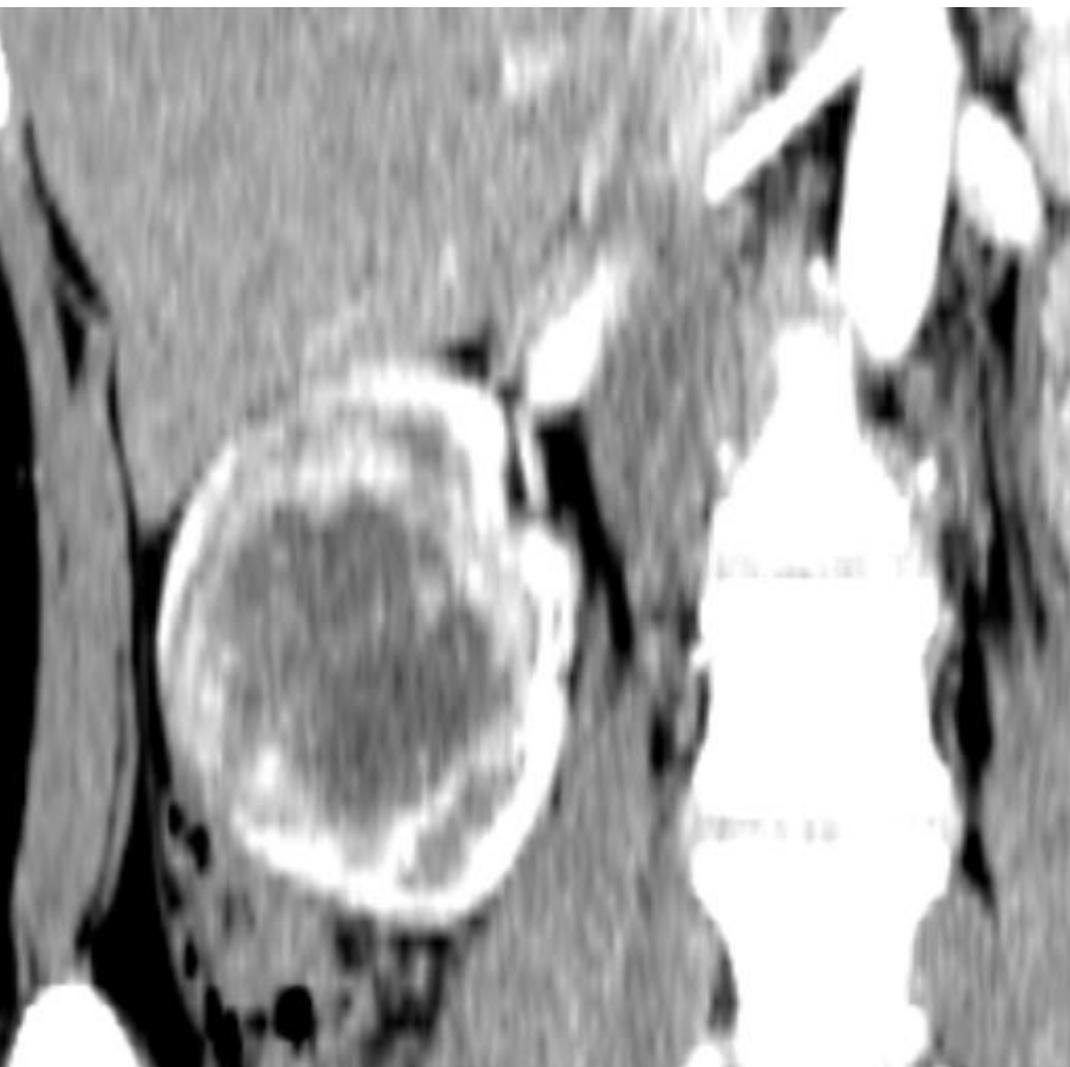


前

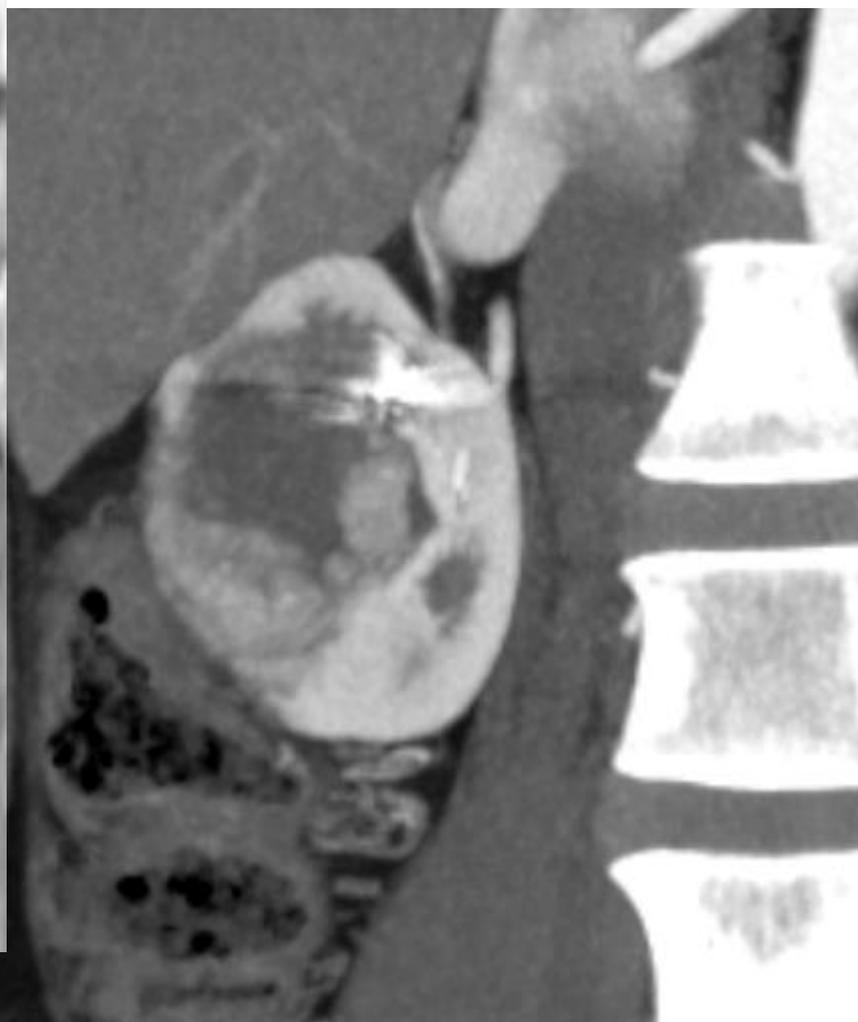


後





前



後

結語

- 病変の上2/3は塞栓術により萎縮
- 下1/3に富血管領域出現