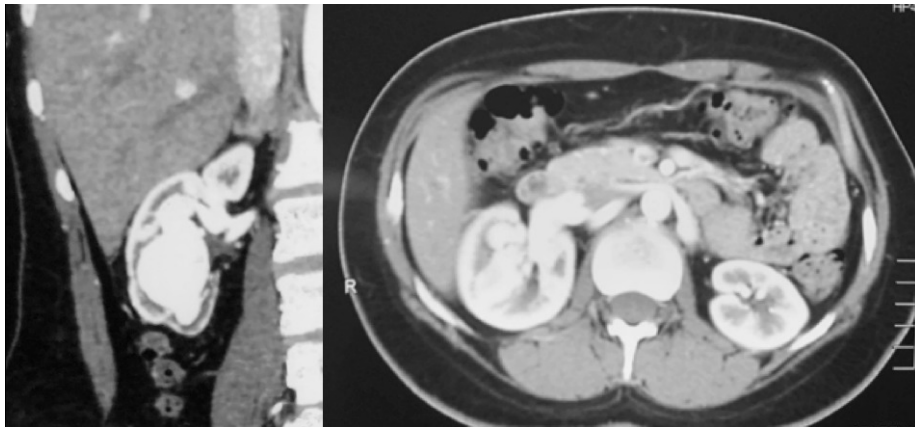


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**Introduction & Objectives:** With the advent of percutaneous techniques, trans arterial embolisation (TAE) is considered first line management of renal arteriovenous malformations (RAVMs), except for high-flow large sized lesions. Literature reports individual case reports in which TAE has been used to manage large RAVMs, however, surgery still remains the ideal modality for definitive safe management. We report a 29-year-old who underwent a partial nephrectomy for an incidentally diagnosed aneurysmal RAVM, which is a rare occurrence.

**Materials & Methods:** Case Report: A 29-year-old female patient presented with an incidental finding of a 7.4 \*4.2 cm cystic lesion in the region of the right renal pelvis on abdominal ultrasound. The patient was asymptomatic and did not report and lower urinary tract symptoms, hematuria and had no previous history of urological intervention or trauma. On physical exam, she was normotensive with an abdominal bruit and a lower midline scar. Subsequently, a doppler ultrasound was performed which showed high volume turbulent flow in the region of the right renal pelvis with mixing of arterial and venous blood. Considering the vascular abnormality the patient underwent a CT Angiogram that showed a large aneurysmal dilatation (7\*4\*3.5 cm) of the anterior segmental artery with early opacification of the right renal vein and IVC. (Fig1).



**Results:** The case was discussed in the urological MDT meeting and considering the age of the patient, complexity and size of the RAVM it was decided that the RAVM should be dealt surgically, by an open partial nephrectomy. The patient was explained the rarity of the lesion and our aim to try to preserve renal function by attempting a partial nephrectomy, however, consent was taken for a radical nephrectomy, if need be. A successful lower pole nephrectomy along with aneurysmectomy was performed by a transabdominal approach (Fig 2). The patient is three months post op with no complications or complaints.

