

Conclusion: AVF related complications remain a common barrier to effective hemodialysis in CKD patients. According to our study, reduced flow during hemodialysis was the common indication with the involvement of Cephalic vein in majority. We only have the follow-up data of 12 patients which is a major limitation. However, the usage of salvaged AVF access in 9 patients highlights a good interventional outcome. It is recommended to have a good surveillance program with the inclusion of occasional scans of fistulas to identify early patency issues and to intervene on time.

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Recurrent Renal Hemorrhage in Tuberous Sclerosis Complex: Successful Endovascular Management of a Segmental Renal Artery Pseudoaneurysm

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Background: Tuberous sclerosis complex (TSC) is a rare autosomal dominant disorder characterized by multisystem hamartomas, with renal angiomyolipomas (AMLs) being one of the most common and clinically significant manifestations. AMLs can grow rapidly and are prone to spontaneous hemorrhage, particularly in larger lesions or those associated with aneurysmal formation.

Case Presentation: We report the case of a 43-year-old female with a known history of tuberous sclerosis complex (TSC) and bilateral renal angiomyolipomas (AMLs). She had previously undergone selective angioembolization for a left renal hemorrhage. The patient presented again with symptoms of fatigue and presyncope. Clinical assessment and hematological investigations revealed acute anemia, with a hemoglobin level of 6.7 g/dL. CT angiography demonstrated a dilated segmental branch of the right renal artery with associated pseudoaneurysms and a perinephric

hematoma. Initial resuscitation was performed, followed by digital subtraction angiography, which identified active bleeding from a mid-pole interpolar branch of the right renal artery. Super-selective catheterization and embolization of the bleeding vessel were performed using N-butyl cyanoacrylate (NBCA) mixed with Lipiodol under fluoroscopic guidance. Post-procedural imaging confirmed complete exclusion of the bleeding pseudoaneurysm with preservation of surrounding renal parenchyma. The patient was monitored for 48 hours post-procedure. Her hemoglobin remained stable, renal function was preserved, and no further bleeding was observed on follow-up imaging. She was discharged with advice for long-term nephrology and urology follow-up.

Conclusion: This case highlights the effectiveness and safety of minimally invasive endovascular embolization in managing life-threatening renal hemorrhage in TSC patients with AML. Timely diagnosis using CT angiography and precise intervention by interventional radiology can achieve excellent hemostasis while preserving renal function. Given the recurrent nature of bleeding in TSC-associated AMLs, regular imaging and early intervention are key to optimal outcomes.

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Gastrointestinal Involvement of Eosinophilic Granulomatosis with Polyangiitis – A Case Report

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Introduction: Eosinophilic Granulomatosis with Polyangiitis (EGPA), previously known as Churg-Strauss syndrome, is a rare small-vessel vasculitis characterized by eosinophilic inflammation, typically associated with asthma or allergies. Atypical presentations without these features are uncommon and diagnostically challenging.