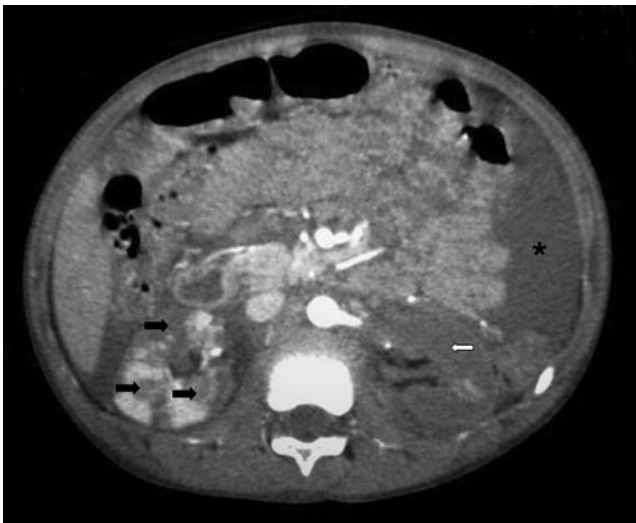


## Severe bilateral renal injuries

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A 5-year-old boy presented to a tertiary institution with oliguria and frank haematuria after being involved in a pedestrian motor vehicle accident. Renal US with colour Doppler showed almost total absence of perfusion of the left kidney, but no evidence of injury to the right kidney.



**Fig. 1** Axial contrast-enhanced CT image

Abdominal CT (Fig. 1) revealed an absent nephrogram in the left kidney (white arrow) indicating complete devascularization. There were multiple renal infarcts (black arrows) in the right kidney due to segmental renal arterial injuries. Free intraperitoneal fluid was present (asterisk).

CT is the modality of choice to evaluate stable children with blunt abdominal injury [1]. US should not be relied upon to exclude renal injuries, although there may be a role for contrast-enhanced US in certain circumstances [2]. CT findings of traumatic renal infarction include an absent nephrogram, retrograde filling of the renal vein and occlusion of the renal artery [1]. Devascularization of the entire kidney is the most severe form of renal injury and should be treated by emergent surgical revascularization within 4 h [1].

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