

Less than 15 cases have been reported from India. Ratio of male:female is approximately 1.3:1.

Bardet-Biedl syndrome is genetically heterogeneous, with 12 BBS genes (BBS1â€12) identified to date.

Clinical features are Growth restriction, poor visual acuity and blindness. Rod-cone dystrophy (sometimes called atypical retinitis pigmentosa), myopia, strabismus and cataracts, Polydactyly, syndactyly or brachydactyly. Hypertrophy of interventricular septum and left ventricle and dilated cardiomyopathy. Hepatic fibrosis, central obesity and diabetes mellitus. Hypogonadism, renal failure, urogenital sinuses, ectopic urethra, septate vagina and hypoplasia of the uterus, ovaries and Fallopian tubes. Hippocampal dysgenesis with accompanying neuropsychiatric symptoms such as obsessive-compulsive disorder and attention difficulties. Obesity is the second major feature of BBS, with a frequency of 72-96 percent depending on measurement criteria. Obesity usually begins in childhood and the severity increases with age, with the majority of cases exhibiting symptoms within the first year of life<sup>5</sup>.

Multiple minor features like developmental delay, speech and language deficit, psychosis, facial dysmorphism, multiple pigmented nevi, neurological abnormalities, hearing loss, metabolic and endocrine disturbances including diabetes mellitus, cardiovascular anomalies, disturbances of dentition and liver function, atresia ani and Hirschprung disease<sup>5</sup>.

A new scheme for diagnosing BBS is proposed, which should be helpful particularly in children<sup>7</sup>. Modified diagnostic criteria<sup>4</sup> major features among rod-cone dystrophy. Polydactyly, obesity, learning

disability, hypogonadism (males), renal anomalies<sup>2</sup> minor features among speech disorders, strabismus cataract astigmatism, brachy/syndactyly, developmental delay, nephrogenic DM, ataxia, LVH/CDH, dental changes, and hepatic fibrosis.

The following conditions are to be considered within eventual diagnosis<sup>4</sup>. a) Laurence-Moon syndrome (where affected individuals have a spastic paraparesis but no polydactyly). b) Cohen's syndrome (a genetic disorder involving developmental delay, intellectual disability, microcephaly, progressive myopia and retinal dystrophy). c) Alström's syndrome (a genetic condition featuring paediatric cone-rod dystrophy, obesity, deafness). d) McKusick-Kaufman syndrome (a genetic disorder involving polydactyly, congenital heart disease and fluid in the pelvis.<sup>5</sup>

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## Spontaneous Bilateral Subcapsular Renal Hematoma - A Case Report.

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**Abstract :** We report a case of a 22 year old man presenting with acute onset of pain bilaterally in both flanks with associated hypertension. On evaluation he was found to have bilateral renal subcapsular collection on Ultrasonography . CT scan confirmed this. This was managed by aspiration under Ultra sound guidance. Subcapsular collections completely subsided with this conservative management.

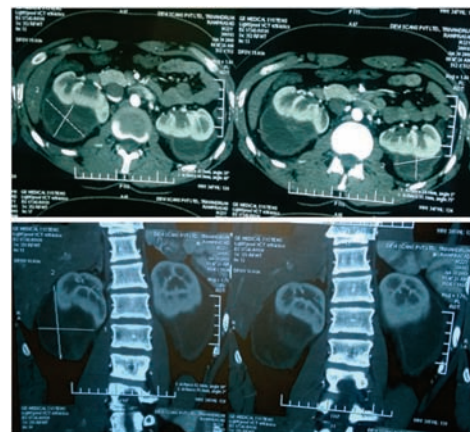
## INTRODUCTION

Spontaneous subcapsular renal hematoma is a rare entity. Previously a renal tumour was thought to be the underlying cause. In the absence of any other etiology radical nephrectomy was advised as treatment. We report a case of bilateral spontaneous renal hematoma managed conservatively with success.

## CASE REPORT

A 22 year old man presented on 25/01/2009 with acute onset of severe pain in both flanks. There was no history of trauma or hematuria . Physical examination showed high blood pressure and tenderness in both loins. Laboratory examination showed normal values for blood counts and renal function, Coagulation profile , ESR, CRP , pANCA were negative to excluding vasculitis . Abdominal US scan showed both kidneys to be of normal size, shape and position with bilateral subcapsular collection. CT Urogram revealed well defined subcapsular hematoma affecting both kidneys (Fig). It measure of 63x73mm size on right side and 93x43mm on left side . No focal mass lesion, parenchymal abnormality or calculi were seen . Both ureters and urinary bladder were normal. The Aorta was normal . Both

kidneys were supplied by double renal arteries which were normal in course and caliber. Both renal veins were also normal. Ultrasonographically (d) guided percutaneous aspiration was carried out. Analgesics and antibiotics were given. Blood pressure was controlled with Beta blockers. A follow up date Ultrasonography showed no recollection of hematoma He was discharged 10 days after admission. Follow up Ultrasonography on 25/11/2009 showed complete resolution of hematoma and normal kidneys.



**Figure:** CT Urogram revealed well defined subcapsular hematoma affecting both kidneys

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