

Background

- Cryoablation is becoming a popular method to treat renal malignancy
- Cryoablation specifically uses cold temperatures to freeze, denature and destroy cells of the malignancy
- Here we present a case of an abnormal gastrointestinal bleed caused by cryoablation.

Case Report

Hospital Course

- Our case is an 87 y/o Male who presented to the hospital with lightheadedness and weakness and hypotension.
- He had a past medical history of GERD and renal cell carcinoma
- The patient had two solid right renal lesions measuring 4.7 x 4.3 cm and 1.6 x 1.9 cm
- The patient underwent cryoablation of above renal lesions the day prior to presentation
- Initial Computed Tomography scan of his abdomen and pelvis, which showed an intra-tumoral hematoma without active bleed
- The patient was admitted for further management

Case Report cont.

Hospital Course cont.

- Two days into his admission our patient started having melena with a drop of his hemoglobin less than 7
- Repeat CT scan of his abdomen showed a new fistula between his ablated renal lesion and his duodenum (Figure 1&2).
- The patient continued to require transfusions
- Surgery was consulted and they recommended a high-risk exploratory laparotomy with possible Whipple procedure
- A goals of care discussion was had with the patient and family and the decision was made to forego any additional surgery and treatment.
- The patient was discharged with home hospice care.



Figure 1:
A transverse view of the fistula between the right kidney and the duodenum which is evidenced by the significant amount of air present



Figure 2:
A sagittal view of the fistula between the right kidney and the duodenum

Discussion

- This case illustrates a rare and unusual cause of upper gastrointestinal bleed
- Due to the low risk profile of cryoablation there is limited cases on how to effectively manage these patients
- Usually with medical management over 50% of patients respond
- Other potential therapy with intervention radiology and endoscopy should be considered for further management

Conclusions

- Although cryoablation is becoming a “safer” method to treat renal malignancy there is still risk for complication
- The differential for upper GI bleeding is wide and complication from recent cryoablation must be kept on the differential.

References

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