Nephro-2013
OMICS Group Conferences
Accelerating Scientific Discovery
2nd International Conference on
Nephrology & Therapeutics
July 29-31, 2013 Embassy Suites Las Vegas, USA

The real cause of a young hypertensive pregnant patient

Manuela Stoicescu
University of Oradea, Romania

Abstract

Objective: The main objective of this case report was to find the real cause of a young hypertensive women patient.

Materials and Methods: The report presents the clinical case of a young woman patient aged 21, who is 32 weeks pregnant. She came for consultation because she had headache and dizziness. Her blood pressure value was determined as being **BP=220/130 mmHg**.The urinary examination showed a proteinuria 20 g/dl raising suspicions at that moment the diagnosis was pre eclampsia-eclampsia.

A hypotensive treatment was innitiated with allowed medication during pregnancy, but the blood pressure values did not completely normalize BP=160/90 mmHg. Because the patient had bilateral lumbar pains an abdominal ultrasound was performed, although initialy these symptoms were interpreted as being linked to the pregnancy, surprisingly a left renal tumoral formation of 4,5/3,5 cm was discovered. The **plasma renin level** was determined as being **198 ng/ml** because of the excess secretion of this substance by the renal cell tumour.

The presence of the proteinuria and lumbar pains should not be interpreted only within the context of pregnancy, as these could also have other causes, just like the renal cell tumour in the above mentioned case. After the patient had given birth, a left nephrectomy was performed, and the histopathological examination from the tumoural formation that had been extracted releaved clear cell renal carcinoma.

Results and Discussions: The genetic elements of high blood pressure induced by pregnancy are so far less known and less studied, although they can be essential for the development of some efficient prevention measures. The role of a unique autosomal recessive maternal gene, the existence of a fetal genetic component and of a fetal - maternal interaction within the placental bed, the genetic determination of a possible immune mechanism correlated with the major histo compatibility system, the genetic links to chromosome 1 are just a few of the elements that have so far been marked out by research. If high blood pressure appears in pregnancy before the age of 30 and shows recurrence in successive pregnancies, the prevalence of chronic blood pressure and renal effects grow significantly.

Conclusion: In conclusion, the plasma renin level must be performed as a screening test in young pregnant patients, because the blood pressure, as a real cancer marker can draw attention to a renal cell tumour diagnosis, not being interpreted only as high blood pressure in the context of pregnancy as a possible preeclampsia-eclampsia. The monitoring of plasma renin in young pregnant patients is necessary in order to exclude a possible nephroblastome and secondary high blood pressure in this clinical context.

Biography

Manuela Stoicescu is a consultant internal medicine physician, Ph.D., assistant professor of University of Oradea, Faculty of Medicine and Pharmacy, Medical Disciplines Department, Romania. She also works at Emergency Hospital Internal Medicine Department and Internal Medicine Office. She has published two books, one monograph and papers in reputed journals. She was invited as a speaker at 9 national and 20 International Conferences. She is Member of Romanian Society of Internal Medicine, Cardiology, Medical Chemistry, Biochemistry and Member of the Balkan Society of Medicine.