Am J Kidney Dis. 2017 Jan;69(1):156-159. doi: 10.1053/j.ajkd.2016.06.016. Epub 2016 Aug 12.

Renal Denervation in Patients With Loin Pain Hematuria Syndrome.

Prasad B[1], Giebel S[2], Garcia F[2], Goyal K[2], St Onge JR[2].

Author information

Abstract

Loin pain hematuria syndrome (LPHS) is a painful and incapacitating condition that typically affects young women. Treatment options, including opiates and/or surgical denervation of the renal nerves by autotransplantation, have variable success. In this report, we describe the successful use of endovascular renal nerve ablation in this population. Four women with LPHS and intractable pain unresponsive to conservative measures underwent endovascular ablation of the renal nerves between July and November 2015 using the Vessix renal denervation system. The number and frequency of pain medications and responses to the EQ-5D, McGill Pain Questionnaire, Geriatric Depression Score, 36-Item Short-Form Health Survey, and Oswestry Disability Index were measured at baseline and 3 and 6 months postprocedure to evaluate changes in pain, disability, quality of life, and mood. There were improvements in pain, disability, and quality of life from baseline to 6 months postprocedure. By 6 months, 2 of 4 patients had discontinued all pain medications, whereas the other 2 had reduced their doses of these medications by 75%. These results suggest that percutaneous catheter-based renal nerve ablation with radiofrequency energy may be a treatment option for some patients with LPHS.

KEYWORDS: Renal denervation; endovascular ablation of the renal nerves; loin pain hematuria syndrome (LPHS); opioids; pain management; quality of life

PMID: 27528372 DOI: 10.1053/j.ajkd.2016.06.016

[Indexed for MEDLINE]

Publication type, MeSH terms

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