

A Case Which Hypoglycemia Might Be Caused Transiently by Performing Transcatheter Arterial Embolization (TAE) for a Traumatic Adrenal Gland Injury

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Case

A case is 88-year-old woman. She hit by a car during walking. In Emergency room, respiratory rate 24/min., blood pressure 83/43 mmHg, and pulse 90/min. The diagnoses were the left clavicle fracture, the right multiple rib fracture, the right pneumothorax, liver injury, pelvic fracture, and the right adrenal gland injury. CT showed the extravasation from right adrenal gland (Figure 1).

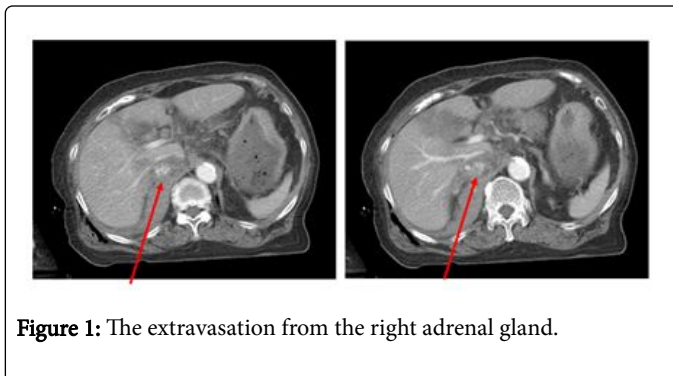


Figure 1: The extravasation from the right adrenal gland.

In angiography, extravasation from the superior suprarenal artery which diverged from an inferior phrenic artery was found. TAE was carried out to the inferior phrenic artery (Figure 2).

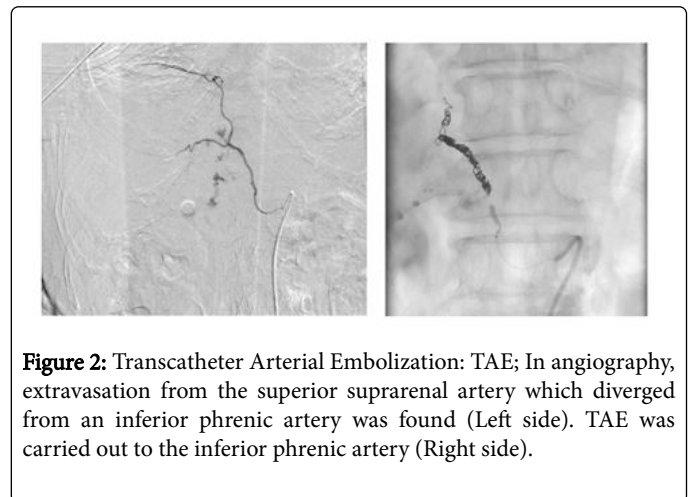


Figure 2: Transcatheter Arterial Embolization: TAE; In angiography, extravasation from the superior suprarenal artery which diverged from an inferior phrenic artery was found (Left side). TAE was carried out to the inferior phrenic artery (Right side).

The blood sugar level before TAE was 220 mg/dl, but it was 26 mg/dl after TAE. Therefore, we dripped hydrocortone 100 mg/day for 3 days, and it was improved to 122 mg/dl. There was no decline, after that. She gradually recovered from injury, and transferred to the rehabilitation hospital for walking training at 87 days after the injury.