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Abstract Renal arteriovenous fistulas(AVFs) are rare conditions classified as acquired, congenital, or idiopathic. In most cases they are secondary to invasive procedures, such as renal biopsy or renal surgery, traumas, renal tumors or inflammatory renal disease. Spontaneous AVFs of the kidney are much rarer than the secondary forms. Patients with AVFs may have gross hematuria, hypertension, cardiomegaly, abdominal bruit, flank pain or may be asymptomatic. Angiographic evaluation and management of renal AVFs with embolization has become the treatment of choice replacing, in most of the cases, surgical intervention. We describe a case of idiopathic AVFs that have massive gross hematuria and than treated successfully with transcatheter embolization. Key Words: Hematuria, Idiopathic renal arteriovenous fistula, embolization

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Peripheral polyneuropathy as the initial manifestation of catastrophic antiphospholipid syndrome in systemic lupus erythematosus : A case report

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A 57-year-old female presented with progressive sensorimotor polyneuropathy. She developed respiratory failure due to pulmonary hemorrhage and pleuritis. Seizure, hemolytic anemia, proteinuria and deteriorating renal function were noted later. The electrophysiological studies revealed extensive, symmetrical demyelinating polyneuropathy. Diagnosis of systemic lupus erythematosus(SLE) was proven by positive serology (fluorescent antinuclear antibody, anti-double stranded DNA, anti-Sm, lupus anticoagulant, anti-cardiolipin antibody), proteinuria, hemolytic anemia and thrombocytopenia. The patient recovered complications of generalized immune complex vasculitis except for neuropathy during combined immunosuppressive treatment for 3 months. Peripheral neuropathy is usually a late complication of SLE. We report here a case of the peripheral nervous system involvement as the first manifestation of SLE.