

: 1 1

2

1

(CT) (MR) . CT
 , MR , T1 , T2
 . CT, MR,

(perirenal space) (ser-
 piginous)

(1, 2), (hygroma) (lym-
 phangiomas) (3-6). (Fig. 1A).

(5-7). MR (Magnetom
 Vision; Siemens, Erlangen, Germany)
 , T1 (FLASH technique; repetition
 time / echo time = 187 msec / 4.8 msec, flip angle = 75 °)
 (Fig. 1B), T2 (5000 msec
 /165 msec) (Fig. 1C, D) 가
 MR (FLASH
 technique; 105 msec / 2.2 msec, flip angle = 70 °)
 (Fig. 1E).

25 가
 가 , MR
 120/80 mmHg 1.0 mg/dL . . 3 MR

가 가
 (undulating) 가 CT
 (Somatom plus 4; Siemens, Erlangen, Gemany)
 가 (3, 4, 7).

¹가
²가

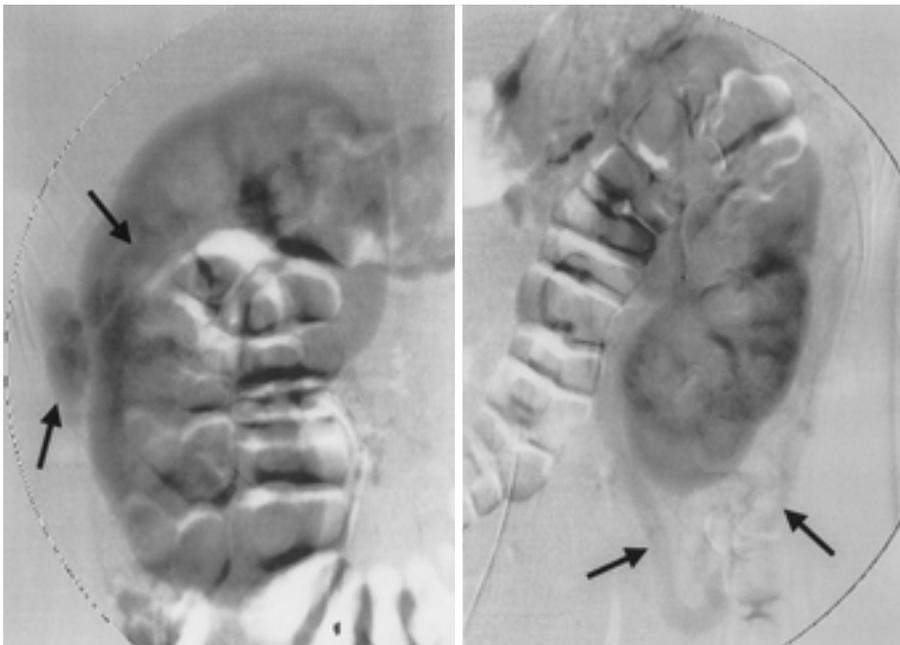
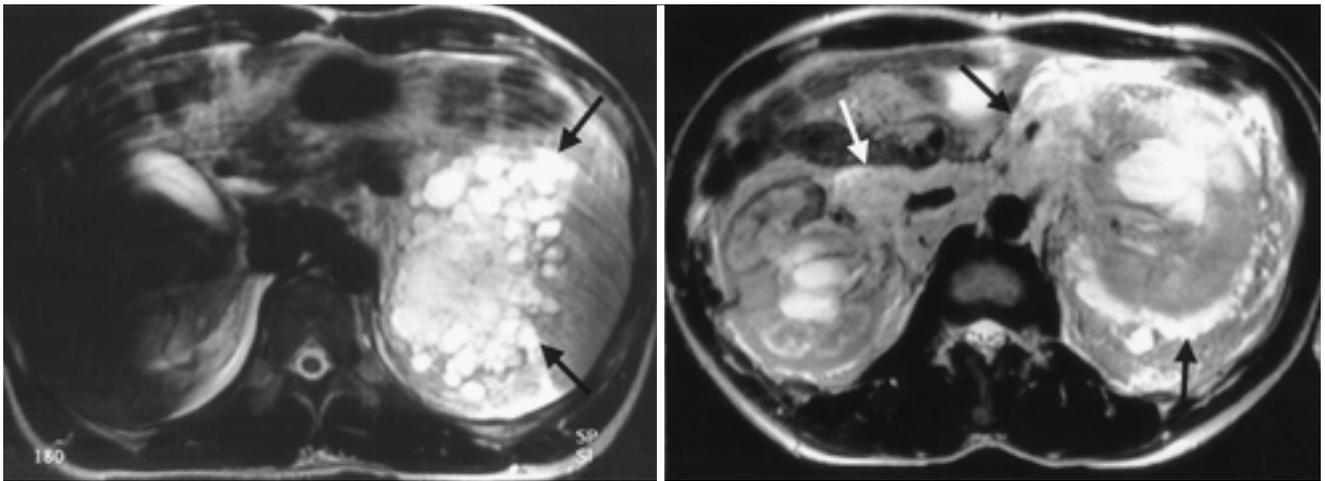
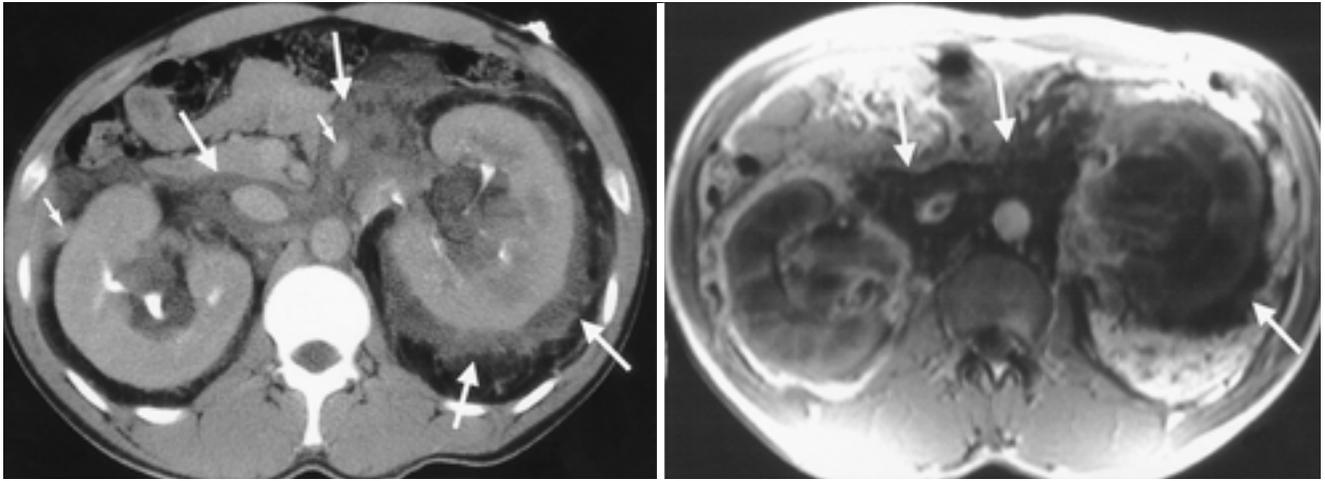


Fig. 1. A 25-year-old man with peripelvic and perirenal lymphangiectasia and bilateral renal vein thrombosis.

A. Enhanced CT scan shows multiple hypodense masses in both peripelvic and perirenal spaces (long arrows). Both renal pelvocalyces are compressed. Bilateral renal veins are not visualized and collateral vessels (short arrows) are seen. There is accumulation of the fat with multiple linear structures in the left perirenal space.

B. On T1-weighted MR image, multiple masses with low signal intensity are demonstrated in both peripelvic and perirenal spaces (arrows).

C, D. On T2-weighted MR images, these masses are multiple cystic appearance with high signal intensity (arrows).

E, F. On renal angiography, bilateral renal veins are not visualized and collateral vessels (arrows) are seen along perirenal spaces.

CT (9, 10).
 (2).
 (renal sinus) 가
 MR 1 T1, T2 가 CT T1, T2
 , T1 MR 가 , 3
 (6). MR 가
 T1 , T2
 CT MR
 가 CT MR
 MR
 Riehl
 , 1

(8).
 가
 Riehl (8)
 (renal pedicle)
 가
 , 3
 Riehl (8)
 11

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Peripelvic and Perirenal Lymphangiectasia and Bilateral Renal Vein Thrombosis: A Case Report¹

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We report the computed tomography (CT) and magnetic resonance imaging (MRI) findings in a patient with peripelvic and perirenal lymphangiectasia associated with bilateral renal vein thrombosis. CT scanning revealed multiple hypodense masses in the bilateral peripelvic and perirenal space, and on MR images, these masses had a multiple cystic appearance, with low signal intensity on T1-weighted and high signal intensity on T2-weighted images. CT, MR, and renal angiography failed to visualize bilateral renal veins, though serpiginous collateral veins were seen in the perirenal spaces.

Index words : Lymphangiomatosis
Kidney, abnormalities
Computed tomography (CT)
Magnetic resonance imaging (MRI)

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