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Fear and Resilience: A Patient's Journey through Advanced Polycystic Kidney Disease

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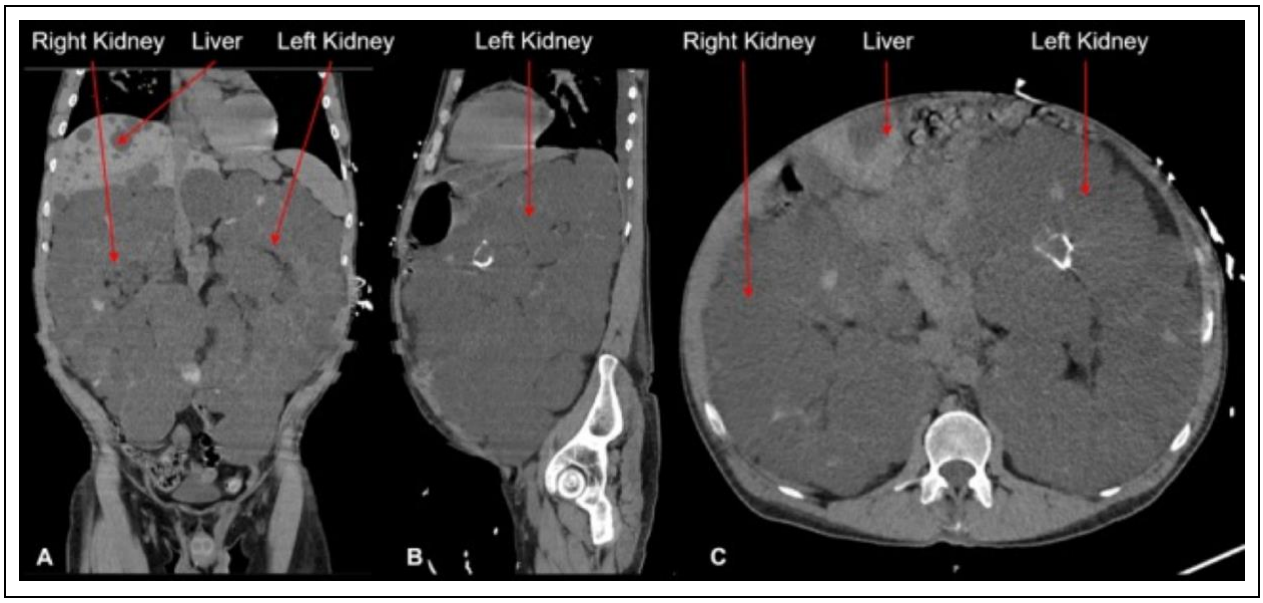

Clinical Image

A 55-year-old male, who had avoided medical consultations for over 25 years, presented to hospital with shortness of breath, lower extremity edema, orthopnea, fatigue, and itching. His examination revealed a blood pressure of 142/100 mmHg, bilateral crackles in lungs, a rigid distended abdomen, and lower extremity edema. Initial laboratory results showed a hemoglobin level of 8.8 g/dL, potassium at 5.2 mmol/L, bicarbonate at 15 mmol/L, blood urea nitrogen at 136 mg/dL, and creatinine at 11.4 mg/dL, with an eGFR of 5 mL/min/1.73m².

A CT scan of abdomen, prompted by abdominal distention and rigidity, revealed significantly enlarged kidneys (left kidney: 32 cm, right kidney: 28 cm) and multiple cysts in both kidneys and the liver. Further history-taking uncovered a family history of autosomal dominant polycystic kidney disease (ADPKD); his maternal grandmother and mother had been on dialysis, with his mother eventually receiving a kidney transplant but later succumbing to complications from squamous cell carcinoma. The patient had been his mother's primary caregiver and witnessed her prolonged struggle with kidney disease, which fueled his fear of diagnosis and led to his avoidance of medical testing.

He was also diagnosed with HFrEF of 20–25%. Later during his hospital stay, he agreed to initiate dialysis, which improved his clinical status.

This case underscores the importance of accessible patient education and early involvement in managing chronic diseases to prevent presentations at advanced stages. Ongoing advancements in treatment and patient-centered education are crucial for better outcomes.