# Autosomal dominant polycystic kidney dz pain often refractory

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(HealthDay)—The etiology of pain in autosomal dominant polycystic kidney disease is complex, and management of pain should be approached in a stepwise manner, according to a review published in the May issue of *The Journal of Urology*.

Matthew W. Tellman, from the Indiana University School of Medicine in Indianapolis, and colleagues conducted a systematic literature review of the etiology and management of pain in autosomal dominant polycystic kidney disease and anatomy of renal innervation.

The researchers found that for most patients with autosomal dominant polycystic kidney disease, pain occurs due to renal, hepatic, and

mechanical origins. Patients may experience different types of pain complicating confirmation of etiology. Anatomical and histological assessment of renal innervation can help elucidate the mechanisms that can lead to renal pain. A stepwise approach is recommended for management of pain in autosomal dominant polycystic kidney disease. Due to the high incidence of acute causes of renal pain in autosomal dominant polycystic kidney disease, these must be ruled out first. Non-opioid analgesics and conservative interventions can be used first for chronic pain, before considering opioid analgesics. Surgical interventions such as renal cyst decortication, renal denervation, and nephrectomy can target pain from persistent renal or hepatic cysts.

"Chronic pain in patients with autosomal dominant polycystic kidney disease is often refractory to conservative, medical, and other noninvasive treatments," the authors write.

**More information:** Abstract
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