

Early polycystic kidney disease is typically asymptomatic, and diagnosis is therefore often delayed in patients with no known family history of ADPKD. Hypertension is most commonly one of the first presenting signs, and is seen in 40-50% of patients on initial presentation.

Mitral Valve Prolapse

Mitt-troll MVP

Cardiac valve abnormalities are common in patients with ADPKD. Several studies have found roughly 25% of patients with ADPKD have ultrasound studies consistent with mitral valve prolapse. Other cardiac abnormalities such as aortic insufficiency, tricuspid valve prolapse, and mitral insufficiency are also seen to a higher degree in these patients than in the general population, but mitral valve prolapse is the most common.

Hepatic Cysts

Liver-balloon with Cysts

Patients with ADPKD are likely to form cysts in locations other than the kidneys. The most common extrarenal site of cyst formation is the liver, as over 80% of patients with ADPKD have been shown to develop hepatic cysts at some point over the course of their lifetime. Pancreatic, ovarian, and splenic cysts may also be seen.

Berry (Saccular) Aneurysms

Berries and Bulging-aneurysm

Patients with ADPKD are at an increased risk of developing intracranial berry (or saccular) aneurysms, which have been found to be present in as many as 5-10% of patients with ADPKD. There is a strong familial pattern to this phenomenon, and patients should be screened with MRI, as failure to recognize or manage an aneurysm could result in stroke or death.