

CASE REPORT

Renal Abscess – A Case Report

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Abstract

Introduction. Renal abscesses can be the result of haematogenous spread or as a rare complication of upper UTI particularly in the setting of renal stones or diabetes. Classically it may present as loin pain, fever, rigors, and tenderness in the costovertebral angle, but may simply manifest as a pyrexia of unknown origin and a raised acute phase response.

Case report. We report the case of a 73-year-old female patient with type 2 diabetes mellitus, who presented for abdominal pain, chills, confusion and deterioration of general condition with progressive aggravation of the symptoms, the clinical examination revealed a respiratory rate of 14 breaths per minute, blood oxygen saturation of 98%, heart rate 82 beats per minute, blood pressure 137/75 mmHg and no fever. She had peripheral cyanosis and peripheral pulses were weak in the lower limbs; diuresis was present on the urinary catheter the laboratory and imaging investigations showed inflammatory syndrome (CRP=255 mg/l) and the CT showed both kidneys with normal position, a bilateral reduction in renal size, bilateral dilated pyelocaliceal system grade I developed a left renal abscess as a complication of acute pyelonephritis. The primary pathogen identified was *Escherichia Coli*. Computed tomography revealed a well-defined mass on the left kidney with low attenuation in contact with the renal fascia. Broad spectrum antibiotics and haemodialysis were used as part of conservative management regimen. The patient achieved clinical improvement after 3 weeks and was discharged.

Conclusions. The particularities of the case are represented by the fulminant evolution of the infection in a patient with poorly controlled diabetes, the acute kidney injury caused by urosepsis and the progression of pyelonephritis towards the development of a renal abscess. Diabetes mellitus is a disease with a significant prevalence, the incidence of which increases with age and which develops multiple complications. In addition to vascular lesions, diabetic neuropathy or nephropathy, patients have a high risk of developing an infection, the most common being those of the upper urinary tract, which evolve aggressively. The renal abscess is a rare complication of pyelonephritis, but it is to be considered in patients with persistent inflammatory state in despite of the right management.

Keywords: renal abscess, diabetes mellitus, pyelonephritis, acute kidney injury

DOI <https://doi.org/10.56082/annalsarscimed.2022.1.28>