

## Renal abscess with initial image presentation of renal cyst characteristics

Dear Editor,

A 55-year-old woman presented with fever, right flank soreness and right costovertebral angle knocking pain. The urinalysis showed pyuria, and urine culture yielded *Escherichia coli*. Abdominal computed tomography (CT) showed less-enhancement of a mildly enlarged right kidney and a well-defined rounded mass with homogeneous content (Figure 1). The findings were consistent with pyelonephritis and a simple renal cyst which has been noted previously. The patient remained febrile after 5 days of ciprofloxacin and developed upper right abdominal pain with guarding and rebound tenderness. Repeat abdominal CT demonstrated right renal abscess (Figure 2). The patient underwent laparoscopic incision and drainage of renal abscess. She had an uncomplicated postoperative course and was discharged 12 days after admission.

Typical contrast-enhanced CT finding of renal abscess is a lesion with irregular thick-walled cavity that may demonstrate a higher attenuation ring<sup>1</sup>. Occasionally, a renal cystic lesion, as seen in our patient, may be an initial image presentation of renal abscess<sup>2</sup>. In this patient, fever duration is an important clue to the diagnosis of renal abscess. Various studies showed most patients with renal abscesses had symptoms that lasts more than three to five days<sup>3,4</sup>.

Physicians need to consider renal abscess in the differential diagnosis of patients with prolong fever and upper urinary tract infections, even if initial image study does not support the diagnosis.

### References

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**Keywords:** Abdominal abscess, computed tomography, pyelonephritis

### Conflict of interest

None declared.

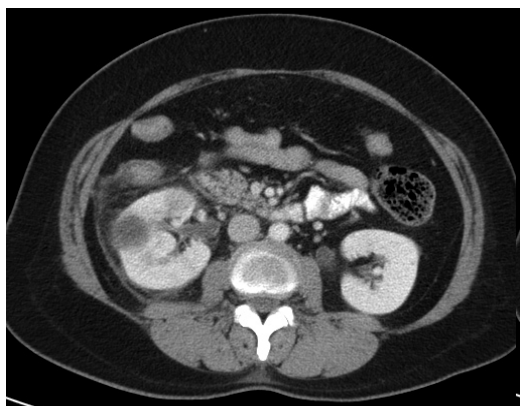
Liu PY<sup>1,2</sup>, Chen WM<sup>3</sup>, Shi ZY<sup>1</sup>

<sup>1</sup>Section of Infectious Diseases, Department of Internal Medicine, Taichung Veterans General Hospital

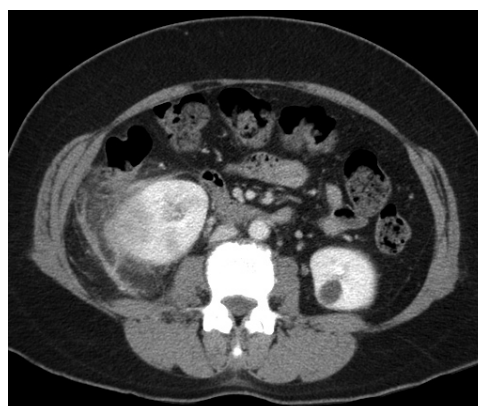
<sup>2</sup>Department of Veterinary Medicine, College of Veterinary Medicine, National Chung Hsing University

<sup>3</sup>Division of Urology, Department of Surgery, Taichung Veterans General Hospital  
Taichung, Taiwan

**Corresponding author:** Dr. Zhi-Yuan Shi, Section of Infectious Diseases, Department of Internal Medicine, Taichung Veterans General Hospital, Address: No. 160, Sec. 3, Chung-Kang Rd., 40705, Taichung, Taiwan, tel : +8864235925253083, fax : 886423559016, e-mail: zyshi@vghtc.gov.tw



**Figure 1:** Computed tomography of the kidney, first day, showed a solitary simple cyst with a thin wall.



**Figure 2:** Computed tomography of the kidney, five days latter, showed a 4-cm renal abscess.