

## CASE REPORT

### XANTHOGRANULOMATOUS PYELONEPHRITIS

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**Abstract:** A case of xanthogranulomatous pyelonephritis is presented. It is an uncommon but well recognised entity of chronic bacterial pyelonephritis which may easily be mistaken for renal cell carcinoma, renal carbuncle or tuberculosis.

#### Case Report

Mrs. S.S. 50 years old housewife from Silhad, Abbottabad was admitted in a private clinic of Abbottabad with a history of progressively enlarging Non-tender mass in left lumbar region over a period of six months with associated symptoms of anorexia, malaise, marked loss of weight and low grade fever. In the past she had chronic history of dysuria and haematuria and was operated once for perinephric abscess on the same side in CMH, Abbottabad. At presentation she was afebrile, clinically anaemic and had a non-tender fixed mass in the left lumbar region with firm and uneven surface. Her Hb was 9.0g/dl, T.L.C. 8000/cmm and E.S.R. 80mm at the end of 1st hour, I.V.U. revealed left non-functioning kidney without any evidence of stones. Urine R.E. showed numerous pus cells. A diagnosis of pyonephrosis was made and patient was operated through left loin incision. A large easily bleeding kidney mass with firm irregular surface was found firmly adherent to the adjacent structures. At the lower pole a fungating-cauliflower like mass with areas of necrosis was found which was perhaps in communication with the pelvicalyceal system. At this stage possibility of its being renal carcinoma was considered which was endorsed by another surgeon available at the time. It was decided that as the tumour was inoperable therefore, maximum of the tissue is to be removed. This was carried out and haemostasis was secured with some difficulty. A drain was left inside the wound and closure in layers as per routine carried. Tissue was sent for Histopathology as well as culture. Post-operatively patient made slow but smooth recovery except for a temporary discharging sinus which lasted for few weeks. The wound healed nicely and patient's general health improved dramatically. She started regaining weight. Histopathology was reported as chronic pyelonephritic kidney tissue with destructive renal parenchyma containing foam cells and occasional giant cells inferring to Xanthogranulomatous pyelonephritis. Culture of the specimen grew proteus. Patient was

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put on prolonged course of urinary antibiotics and was reviewed thrice over the next 18 months. By then she had recovered fully with hardly palpable mass in the left loin but in spite of repeated requests she did not agree to have another I.U.V.

### Discussion

Xanthogranulomatous Pyelonephritis is an uncommon form of chronic bacterial pyelonephritis which usually involves one kidney only. It is characterised by destruction of renal parenchyma and presence of granulomas, collection of lipid filled macrophages (Foam Cells) and occasional multinucleated Giant cells.<sup>1</sup> Just over three hundred cases have been reported in literature so far. Although no age and sex is immune it usually afflicts the middle aged women.<sup>2</sup> Clinically and even at operation it may mimic hypernephroma and renal carbuncle.<sup>3,4</sup> On I.V.U. most of the cases have non-functioning kidney which very often shows stones. Proteus and staphylococci in clumps are the commonest culprit organisms. Recommended surgical treatment is nephrectomy, however, incomplete excision in difficult cases have also been reported with equally good results.<sup>2</sup> The condition has never been reported to recur on the opposite side or even on the same side after partial excision.

### REFERENCES

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### ANSWERS

Most frequent answers red, five, rose, apple.