Abscess in a Renal Cyst in a Patient with Polycystic Kidney Disease

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Polikistik Böbrek Hastalığında Böbrek Kisti Absesi Anahtar Kelimeler: Abse,renal kist,polikistik böbrek hastalığı

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40-year-old female patient who had polycystic kidney disease (PKD) was admitted to the hospital, because of dysuria, abdominal pain, fever and high C-reactive protein level 30 mg/dL. Physical examination on admission found out that the patient had a fever of 39.8°C, pallor, chills, upper left quadrant abdominal pain. Abdominal ultrasound showed bilateral several regular cysts configuration, but there was an irregular cyst located in the left side. Due to renal failure, we performed magnetic resonance imaging (MRI) to exclude malignancy instead of computed tomography (CT). MRI showed many renal cysts with variable fluid density and the presence of highly suggestive progressing infection in a left kidney cyst which sized 3x3 cm (Figure 1, 2). Blood and urine cultures proliferated positive for ESBL (+) Escherichia coli. The symptoms and abscess subsided 3 weeks after ertapenem treatment. A control MRI scan was performed 2 months after antibiotherapy and revealed the resolution of the cyst infection.

Infections of renal cysts in patients who have PKD remain a difficult diagnostic and therapeutic issue. Renal abscess revealed an important subject in clinical nephrology, requiring fast and therapeutical interventions. Large (diameter > 5cm) infected cysts require drainage associated with antibiotic treatment.

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Figure 1: Abdominal MRI with IV contrast: Thick-walled, dense, contrast-enhanced cystic lesion in the left kidney was evaluated as infected kidney cyst.



Figure 2: Abdominal MRI with IV contrast: Thick-walled, dense, contrast-enhanced cystic lesion in the left kidney was evaluated as infected kidney cyst.

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