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Acute Renal Cortical Necrosis Caused by Tampon and Cefmetazole

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Acute renal cortical necrosis is a rare cause of the acute renal failure secondary to ischemic necrosis of the renal cortex. The lesions are usually caused by diminished renal arterial perfusion secondary to vascular spasm, microvascular injury, or intravascular coagulation. Acute renal cortical necrosis occurs in association with abruptio placenta, sepsis, toxins, burn, trauma, snake bite and hemorrhagic pancreatitis. Clinical features of acute renal cortical necrosis include oliguria, hematuria, and flank pain. The most important prognostic factors are the extent of necrosis, duration of oliguria, and severity of associated conditions. Most patients require dialysis and progress chronic renal failure. In untreated patients, the mortality rate exceeds 60%. In a reported literature, tampons cause toxic shock syndrome and second generation cephalosporin causes acute renal cortical necrosis. To our knowledge, this case is the first report in our country. This report presents a case of acute renal cortical necrosis caused by tampon and cefmetazole. A 43-year-old woman was admitted with anuria. Approximately 7days before this presentation, she visited obstetrical center for vaginal bleeding and then she treated with tampon and cefmetazole. Laboratory data were as follows : BUN 89.3 mg/dL, creatinine 15.6 mg/dL, urine protein 2+, urine RBC many /HPF, hemoglobin 10.2 g/dL, sodium 130 mEq/L. The kidney size was normal in renal ultrasonography. The pre-contrast abdominal CT revealed kidneys of normal size and appearance. The contrast-enhanced CT showed thin cortices with enhancement of a narrow subcapsular rim only and an enhancing medulla of normal thickness. These appearances were consistent with acute bilateral renal cortical necrosis. This patient continued to require hemodialysis for the remainder of her hospitalization and outpatient clinic.