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Urinothorax : a rare case after renal biopsy

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Background: Case report

Methods: Urinothorax defined as the presence of urine in the pleural cavity, and is unusual cause of pleural effusion. It results from obstructive cause, blunt renal trauma, urethral instrumentation or surgery.

Urinothorax usually is a transudative pleural effusion, so it is very difficult to distinguish by the difference in the pleural fluid analysis. To diagnosis, high degree of suspicion and concern are required. Even mild respiratory symptoms, urological signs should not ignore for early diagnosis and treatment. Early diagnosis is essential for a better outcome and prompt intervention by percutaneous drainage prevented the patient from going to respiratory failure.

A 27-year-old male presented to outpatient department with nonproductive cough with dyspnea and left flank pain after renal biopsy. After percutaneous drainage, symptoms was improved and there was no evidence of increasing pleural fluid. So we decided to discharge, however the patient presented again to emergency department with fever, chill, dyspnea, and left flank pain. Retrograde pyelogram and DTPA renal imaging shows radiocontras leakage from low pole of left kindey. The patient was diagnosed with ureter fistula, and performed a urethral stent indwelling by urethrosopic. After urological procedure for stenting of ureter fistula, the patient have no other manifestation and symptoms.

We describes a patient with recurrent massive loculated pleural effusion after renal biopsy.

Results: Objective:

To report an unusual case of urinothorax cause by renal biopsy.

Conclusion: N/A

Table: N/A

Keywords: Pleural effusion, renal biopsy, urinothorax