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Perirenal abscess at the site of focal necrosis in patient with renal transplant

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Case Study: Perirenal abscess in renal transplantation recipient has been decreased markedly because of improved techniques of surgery and medical care. We report a case of perirenal abscess at the site of focal necrosis caused by small renal artery branch infarction in renal transplantation recipient and treated with antibiotics.

A 47-year-old woman received a living kidney transplantation (for diabetes mellitus-end stage renal disease) from her son in our hospital 80-days ago. Two days after transplantation, an infarction of the small renal artery was observed in the lower pole of transplanted kidney on abdomino-pelvic (A-P) CT. She continued to take immunosuppressive medications (cyclosporine 150mg bid, MMF 360mg bid, prednisolone 10mg qd).

In the outpatient clinic, she complained jaundice. Laboratory test revealed AST/ALT 168/106 IU/L, Total bilirubin (TB) 7.62 mg/dL, ALP 1,763 U/L, white blood cells 7,9700/mm³, total protein/albumin 6.4/3.3 g/dL, Glucose 273 mg/dL, BUN/creatinine 24.1/0.6 mg/dL, eGFR 110.7 ml/min per 1.73m², and C-reactive protein (CRP) 7.4 mg/dL. A-P CT was taken to identify the causes of liver function abnormalities, but no specific findings were observed in the liver. However, air containing complicated fluid collection with focal defect continuing infarction area with more than 9cm extent perirenal abscess formation were observed. We tried to insert the percutaneous catheter into the abscess site, but the abscess site was so thin that it could not be inserted. Systemic antibiotics (ciprofloxacin) with hepatotonics were started.

On 6th day after admission, there were no other specific symptoms. Klebsiella pneumonia (ciprofloxacin sensitive) was identified only in urine cultures. On 10th day after admission, liver function test results were improving (AST/ALT 52/46 IU/L, TB 3.54 md/dL) and CRP level decreased (3.2 mg/dL). She was discharged with oral ciprofloxacin.

One month later, non-enhance A-P CT was taken in outpatient clinic. Perirenal abscess disappeared and laboratory finding showed decreased CRP 0.7 mg/dL.