

**Abstract Submission No.: A-0464****Renal Abscess Caused by Klebsiella Pneumoniae in Patient with Diabetic  
Kidney Disease**

**Hana Indriyah Dewi**<sup>1</sup>, Agung Susanto<sup>2</sup>, Ratih Tri Kusuma Dewi<sup>2</sup>, Aryo Suseno<sup>2</sup>, Santy Ayu Puspita Perdhana<sup>2</sup>

<sup>1</sup>Department of Internal Medicine, dr. Moewardi Hospital, Indonesia

<sup>2</sup>Department of Nephrology, dr. Moewardi Hospital, Indonesia

**Case Study :** The incidence of abscess formation secondary to Klebsiella pneumonia infection has been rarely reported in organs like the liver, lungs, kidney, and brain. Currently, prevalence of renal abscess secondary to Klebsiella pneumoniae is 8.6% of the cases and it is associated with major complications. A 59 year old female patient with of right abdominal pain for 7 days with fever for 7 days and dysuria. A history of diabetes mellitus for 5 years without regular medication was acknowledged. Creatinine was 1.3 mg/dl, eGFR 47 ml/min/1.73m<sup>2</sup>, HbA1C 9.3, proteinuria +2. Abdominal CT-Scan leading to renal abscess with the size of 8.71 x 8.02 x 11.24 cm, with FNAB showed abscess. Pus culture examination revealed the organism Klebsiella pneumoniae ss pneumoniae sensitive to Ciprofloxacin. The patient was given Ciprofloxacin injection 400 mg twice daily for 6 days followed with percutaneous nephrostomy. The antibiotic treatment continued with oral Ciprofloxacin 500mg twice daily for 3 weeks and showed good result. The condition of T2DM is associated with an increased risk of asymptomatic bacteria, urinary tract infections, pyelonephritis or abscesses. The main treatment for renal abscesses is using empiric antibiotic followed by definitive antibiotics according to culture, if size above 3 cm, percutaneous drainage can be performed. Early diagnosis of a renal abscess is critical to avoid future complications and lowering mortality rates.

CT Scan Abdomen.png



CT Scan Abdomen.png

