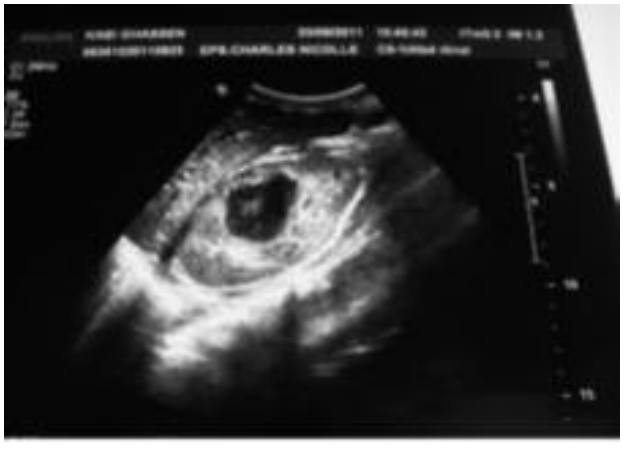

Renal abscess in a healthy child

Renal abscess is rare in the pediatric age group and diagnosis is difficult because in most of the patients, symptoms are non-specific [1,2].Staphylococcus aureus remains the predominant causative agent, especially in healthy children [3]. Sterile urine culture suggests haematogenous seeding of the kidney from another site of infection. In this paper, we report a new case of renal abscess in a healthy boy with a history of skin infection.

Case report

A 4 year old boy was referred to our hospital with high fever of 10 days duration without abdominal or flank pain. He had no symptoms of urinary tract infection. Two weeks earlier, he had developed a furuncle in the leg, which disappeared with local treatment. There is no history of urinary tract infection or serious bacterial infections. On clinical examination, his temperature was 39°C; heart rate was with normal range and blood pressure was of 9/6. The abdomen was soft and no tender. Skin examination revealed completely healthy furuncle on the left leg. The urinalysis was normal and the urine culture was negative. The white blood cell was 16940 with 79% neutrophils, erythrocyte sedimentation rate of 85 mm, C-reactive protein was 291 mg/l. Serum Creatinine level was 40μmol/l and serum urea level was 3,1 mmol/l. Ultrasound examination of the abdomen showed a heterogeneous medio-renal cortico sinusal lesion measuring 35X 30 mm in the right kidney (fig1).

Figure 1 : Renal abscess in ultrasonography



The patient underwent percutaneous drainage and received Amikacin and Amoxicillin/clavulanate. Culture of the fluid was positive for Staphylococcus aureus sensitive to oxacillin and blood cultures were negative. The antibiody treatment was switched to oxacillin and continued for 2 weeks. Apyrexia was obtained after 3 days of antibiotics. Ultrasound examination control didn't show any abscess. The patient was discharged after fourteen days of intravenous antibiotherapy, and oral fucidin for another seven days. On subsequent follow-up, the patient had no complaints.

Conclusion

Our patient was diagnosed with unilateral renal abscess caused by staphylococcus aureus. Fever was the only present symptom. In our patient, the abscess is probably haematogenous spread to the right kidney from the furuncle of the leg. Ultrasonography confirmed the diagnosis and percutaneous aspiration identified the causative organism. Outcome was favorable with antibiotherapy and percutaneous drainage.

References

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Ouns Naija1, Ins Selmi1, Hatem Rajhi2, Mohamed Rachid Lakhoua1
1 Pediatric department – Charles Nicolle Hospital- Tunis El Manar University
2 Radiologic department– Charles Nicolle Hospital -Tunis El Manar University

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Ascite néphrogénique : un syndrome peu compris : à propos d'une observation

L'ascite néphrogénique est une entité clinique définie par la survenue d'une ascite réfractaire chez des patients atteints d'une insuffisance rénale chronique terminale . On l'appelait l'ascite de dialyse , l'ascite associée à l'hémodialyse ,ascite idiopathique . Le terme d' « ascite néphrogénique » est préféré car l'ascite peut précéder la dialyse (1). La formation de l'ascite peut se voir 18 mois avant ou au plus tard 69 mois après le début de l'hémodialyse.

Il s'agit d'une entité de pathogénie mal élucidée. Son traitement est souvent décevant et son pronostic est mauvais. C'est une entité rare, sa fréquence exacte n'est pas connue. Depuis sa première description en 1970 par Clinque et Letteri (2) et à notre connaissance, environ 140 nouveaux cas ont été publiés dans la littérature, dont deux tunisiens (3, 4). Nous rapportons ainsi le troisième cas tunisien d'ascite néphrogénique.

Observation

Mr.NS âgé de 56 ans aux antécédents d'hypertension artérielle sous régime et d'une insuffisance rénale chronique secondaire à une néphropathie interstitielle chronique au stade d'hémodialyse depuis deux ans (deux séances par semaine), était hospitalisé pour prise en charge d'une dyspnée d'aggravation rapide . L'examen physique avait mis en évidence un syndrome pleural liquidien gauche, une ascite de moyenne abondance, un discret œdème des membres inférieures, sans signes d'insuffisance hépato-cellulaire ni