

IMAGES IN UROLOGY

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"GIANT PIELIC LITHIASIS OF BENING EVOLUTION"

Miguel Angel Rado-Velazquez, Enrique de Diego Rodríguez, Alberto Hernandez Castrillo and José Manuel Lanzas Prieto.

Department of Urology. Hospital Comarcal de Laredo, Cantabria. Spain.

A 81 years old patient is seen in the Emergency Department complaining of left flank pain and fever. A giant calcification (7.2 x

6 cm) is seen over the left renal shadow, along with multiple vesical lithiases in plain abdominal radiography (Figure 1). A double-J catheter could



FIGURE 1. Multiple vesical lithiases and a 7.2 x 6 cm pyelic lithiasis.



FIGURE 2. Nine years before admission, the patient presented a pyelic lithiasis of 4.5 x 4.5 cm.



FIGURE 3. IVP nine years ago. Probable UPJ syndrome and calyceal distortion with adequate left renal function.



FIGURE 4. Follow-up IVP after admission. Persistence of calyceal distortion and adequate left renal function.

not be inserted, but the vesical lithiases were successfully extracted.

Empiric antibiotic treatment was initiated after obtaining blood cultures and a vesical lithiasis culture. Patient response to treatment was satisfactory, therefore, the patient was discharged, asymptomatic, three days later from the hospital. Blood and vesical lithiasis cultures yielded *Staph Aureus* which were sensitive to the antibiotics utilised. Nine years ago, the same patient was seen in an office consultation with a left pyelic lithiasis of 4.5 x 4.5 cm (Figure 2). A pyelogram was requested, but the patient did not return for subsequent check-ups. The initial IVP (Figure 3) demonstrates adequate left renal function with probable UPJ syndrome. In the follow-up IVP after admission (Figure 4), adequate left renal function persists with calyceal distortion and a giant pyelic lithiasis was

observed. Due to patient's age, adequate renal function of the affected area and the lack of symptoms, a wait and see attitude was taken. Since hospital discharge, more than a year ago, no treatment has been necessary.

CORRESPONDENCE

Miguel Angel Rado Velázquez
Avda de Santander 6A. Chalet 5
Urbanización Las Camelias.
39600 Muriedas. Cantabria. (Spain)

maradove@gmail.com