INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Renal Tuberculosis (Mortar Kidney)

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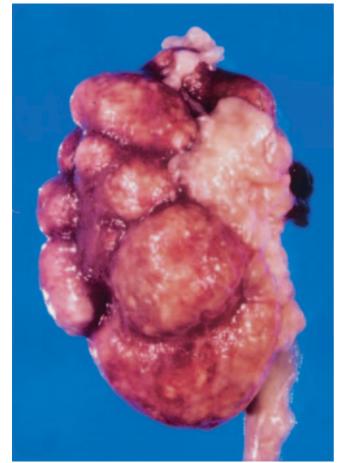


Figure 1. Right kidney showing a nodular contracted appearance.



Figure 2. Cut surface showing total replacement of the renal parenchyma with whitish mortar-like material.

A 63-year-old man presented with a two-month history of persistent cough. He had undergone a right upper lobectomy for tuberculosis at the age of 20 years. At the age of 57 years, he was told his right kidney was not functioning. A chest radiograph showed an opacity of the right upper region. On abdominal computed tomography, the right kidney appeared as a nodular shape of increased density displaying signs of uniform calcification. A sputum cytology was positive for adenocarcinoma cells. The patient was treated with chemotherapy and radiotherapy with a partial response. Subsequently, he developed skeletal and meningeal metastases, and died 11 months after onset. Postmortem examination revealed adenocarcinoma

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of the right middle lobe with multi-organ metastases. The right kidney was contracted and grossly nodular (Fig. 1). The entire parenchyma was occupied by saccules filled with whitish caseous material (Fig. 2). The left kidney was normal. Although no acid-fast bacilli were detected microscopically, the lesion was characteristic of a form of renal tuberculosis. This condition is also called mortar kidney, since the kidney looks as if it is packed with mortar.

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