

# Renal Tuberculosis

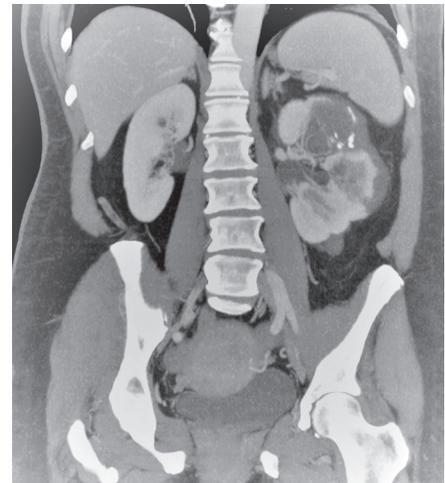
**Petru Emil Muntean, MD**

Dispensarul Județean  
de Pneumoftiziologie Pitești.  
Spitalul Județean de Urgență Argeș,  
Pitești, Jud. Argeș,  
Romania

**Key words:**

- Intravenous pyelography
- Calyceal dilatation
- Percutaneous nephrolithotomy

Fifty-five year old patient complaining about hematuria, dysuria and left flank pain. No history of tuberculosis, just an uncontrolled diabetes, smoked one pack of cigarettes per day for the last ten years. Laboratory results: glucose 130 mg/dL, creatinine 1.1 mg/dL, white blood cells 7500/ $\mu$ L, hemoglobin 12.1 g/dL, hematocrit 37%; urine analysis: 28 leukocytes, nine erythrocytes per field. No bacteria grown in urinary culture. Normal chest radiography. On intravenous pyelography both kidneys were simultaneously functional, discontinuity between the left ureter and pelvis, calyceal dilatation in the left kidney and multiple renal calculi. The patient undertook percutaneous nephrolithotomy and because morphology and endoscopic view of the renal calyx was asymmetrical, biopsy was performed. A histopathologically positive result was identified by a granulomatous reaction, which included Langhans cells and caseification necrosis. Negative for infection with human immunodeficiency virus. Started orally antituberculous therapy based on actual body weight<sup>1</sup> with Isoniazid, Rifampin (Rifadin, Rimactane), Ethambutol (Myambutol), Pyrazinamide associated with Vitamin B-6 (pyridoxine). His condition improved over the course of the next weeks.



**FIGURE 1.** Computed tomography showed multiple cyst with some calcification in left kidney with a minimal expansion of the calyx.

**Correspondence:**

Petru Emil Muntean  
Str. 1 Decembrie 1918, P.C. 405100  
Campia Turzii, Cluj County, Romania  
Tel.: +40751476432  
E-mail: muntean.petruemil@yahoo.com