

Chronic lumbar pain and urinary infections in a young woman

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SUMMARY OF THE CLINICAL HISTORY

This is a 32 years old woman presenting with chronic right lumbar pain and 5 episodes of acute pyelonephritis for the last 10 years, and one episode of macroscopic hematuria. Physical examination: BP 110/60 mmHg, BMI: 16.9, the remaining was normal. Laboratory work-up: normal renal function, no proteinuria or hematuria. Normal renal ultrasound. Intravenous urography: mild dilation of the right renal pelvis, which is slightly descended (Fig. 1a and 1b). Decubitus diuretic renogram (DTPA-Tc^{99m}/furosemide): good bilateral kidney perfusion and normal excretion curves. Standing-up diuretic renogram: pathological descent of the right kidney with compromised perfusion and mild pyelic ectasis (Fig. 2a and 2b). Diagnosis: right renal ptosis.

COMMENTARY

Renal ptosis is a normal variant in which the kidney, normally placed at its retroperitoneal position and with normal length of the vessels and the excretory tract, is excessively moveable with postural changes of the trunk. It is present in 18%-20% of slim women and in 1%-2% of males. In 70% of the cases it occurs in the right side. The age of presentation is 20-50 years. The clinical symptoms derived from the traction of the vascular hilum (pain: «kidney angina»; and vascular-renal hypertension), traction of the nerve hilum (DIETL syndrome), and traction/bending of the urinary tract (obstructive uropathy, urinary infections, and macroscopic hematuria) (Fig. 3). The diagnosis is made on a high suspicion index. The imaging tests are normal in a recumbent position.

REFERENCES

1. Barber NJ, Thompson PM. Nephroptosis and Nephropexy_ Hung Up on the Past? *European Urology* 2004; 46: 428-433.
2. Boccardo G, Ettari G, De Prisco O, Donato G, Maurino D. Renal ptosis: nephrologic consequences of an organ malposition. *Minerva Urol Nefrol* 1994; 46: 195-204.

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NOTE TO THE EDITOR

Images in Nephrology is a new section of our Journal. We kindly requests nephrologist to contribute to its development by sending interesting cases for publication.



Figure 1a. IVU: anteroposterior.



Figure 1b. IVU: oblique.

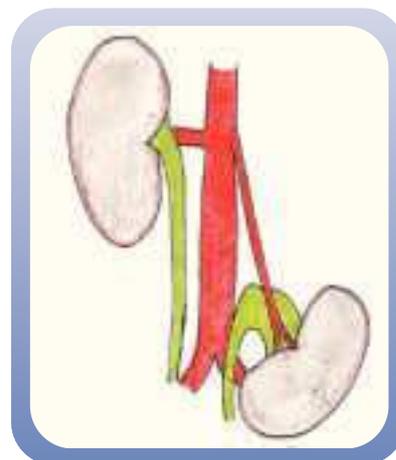


Figure 3. Pathophysiology.

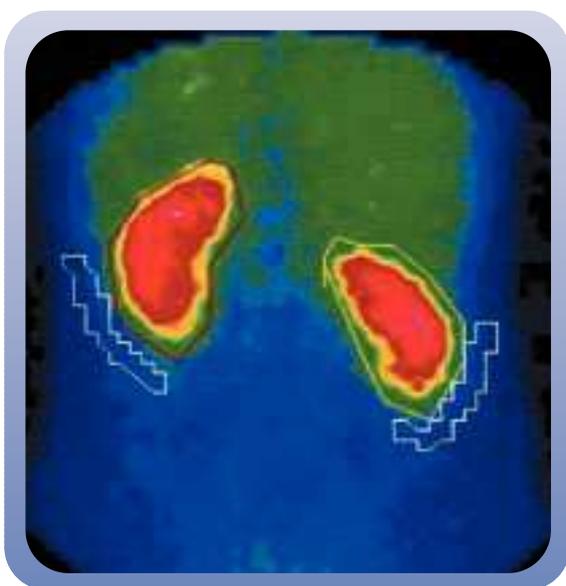


Figure 2a. Decubitus renogram (baseline).

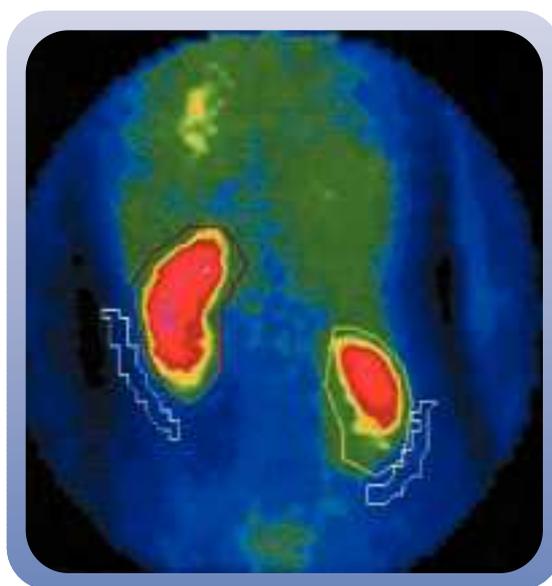


Figure 2b. Stand-up renogram: post-furosemide.