中文題目：一位巨型腎水腫的老年女性以呼吸困難作為不尋常的表現

英文題目：Unusual Presentation with Dyspnea in an Elderly Woman with Giant Hydronephrosis

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Introduction:

Giant hydronephrosis (GH) is rare in adult and defined as that more than one liter urine in collecting system of the kidney. Most cases of giant hydronephrosis are caused by obstruction of ureteropelvic junction and asymptomatic unless caused abdominal distention or compression to surrounding organs. We reported a rare case with giant hydronephrosis in a 73-year-old woman with initial presentation as dyspnea and diagnosed as pneumonia.

Case report:

A 73-year-old female patient with type II diabetes mellitus, hypertension, congestive heart failure, chronic obstructive pulmonary disease, and bilateral renal stone history, presented in the emergency room with dyspnea and abdominal distention for several days. The chest radiograph disclosed increased infiltration of right lower lung field with elevated hemidiaphragm. Then, the patient was admitted to our chest ward and treated as sepsis, related to pneumonia, and acute exacerbation of chronic obstructive pulmonary disease (COPD). The abdominal ultrasound revealed right upper quadrant huge cystic lesion with turbid content. The abdominal computed tomography (CT) revealed severe right hydronephrosis (26*16*21 cm), suspected stricture of the right ureteropelvic junction(UPJ) related. Laboratory tests revealed leukocytosis with elevated C-reactive protein (CRP) of 224.4 mg/L, pyuria, but normal range of renal function. Percutaneous nephrostomy (PCN) was inserted and drained turbid urine over 2000 ml in the first three days. Another PCN was inserted after seven days drainage due to inadequate function. The drainage culture yielded *Enterococcus faecalis*, sensitive to Penicillin and Vancomycin. Fever subsided after PCN drainage and adjustment of antibiotics. The follow-up renal sonography revealed decreased size of hydronephrosis. Selective right nephrectomy was suggested by Urologist, but high risk due to multiple comorbidities. The patient and finally decided to receive conservative treatment and follow-up at our Urology outpatient department regularly.

Conclusion:

We herein report a rare case of giant hydronephrosis in adult who presented as dyspnea, mimicking a right pneumonia and exacerbation of COPD initially. Accurate

diagnosis of giant hydronephrosis is difficult for its slow and asymptomatic progression. Bedside ultrasonography plays an important role in the first detection of these cystic formations. Successful drainage of turbid urine also controls the source of sepsis. Two-stage procedure with slow decompression by percutaneous nephrostomy before the nephrectomy in compromised patient is recommended in the literature. We present this rare case and share our experience with physicians in Taiwan.