LETTER TO THE EDITOR

RENAL PARENCHYMAL MALACOPLAKIA WITH PLEURAL EFFUSION

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INTRODUCTION

Malacoplakia is an unusual inflammatory disease originally described as affecting the bladder but has since been found to affect the genitourinary and gastrointestinal tracts, skin, lungs, bones, and mesenteric lymph nodes. Patients with genitourinary malacoplakia often have chronic coliform bacteriuria, and treatment should be directed to control urinary infections, a procedure which should stabilize the disease process. Clinical presentation includes fever, flank pain, and palpable mass, particularly in patients with perinephric extension. A case of renal malacoplakia with pleural effusion as the clinical manifestation and its management is reported.

CASE REPORT

A 42-year-old African Brazilian woman presented to our service complaining of right lumbar pain for 3 months, which had worsened in the last 2 weeks, and a weight loss of 26 kg over the 3 month period. She had been a smoker for 25 years and had a past history of acute pyelonephritis that was clinically treated at the age of 10 years, and a severe anaphylactic reaction to contrast media in a prior excretory urography performed in another institution. Physical examination revealed fever, flank pain, and palpable mass, particularly in patients with perinephric extension. A case of renal malacoplakia with pleural effusion as the clinical manifestation and its management is reported.
DISCUSSION

Malacoplakia was first described by Michaelis and Guttmann in 1902. It is a granulomatous disease that affects many tissues but most frequently involves the urinary tract. There is a female predominance when the urinary tract is involved, which occurs at peak incidence in the fourth and fifth decade of life. Of the 153 cases reviewed from the literature by Stanton & Maxted, renal parenchymal malakoplakia accounted for 16% of them. The clinical presentation of renal malakoplakia includes fever, flank pain, and palpable mass, particularly in patients with perinephric extension, and E. coli urinary infection is frequently associated. Malakoplakia is described as a chronic infection that is histologically characterized by histiocytes containing distinct basophilic inclusions called Michaelis-Gutmann bodies, which are believed to result from abnormal macrophage function; these inclusions are calcifications around incompletely digested bacteria. Differential diagnosis by radiological examination includes local abscess and granulomas, xantogranulomatous pyelonephrites, lymphoma, or multifocal primary or metastatic tumors. Long-term antibiotic therapy and surgical resection is performed if there is progression of the disease despite appropriate medical treatment.

REFERENCES

