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【 PICTURES IN CLINICAL MEDICINE 】

Perirenal Abscess in a Patient with Rheumatoid Arthritis

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Key words: rheumatoid arthritis, biologic agent

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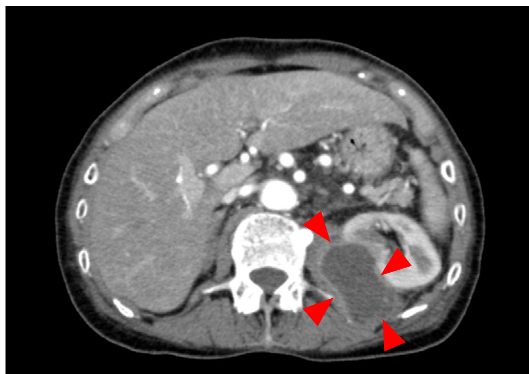

Picture.

A 71-year-old woman with a 2-year history of rheumatoid arthritis (RA) was referred to our institution due to a fever of an unknown cause 1 year after the administration of the tumor necrosis factor blocker golimumab. She had neither costovertebral angle tenderness nor flank pain. C-reactive protein (CRP) was 12.3 mg/dL, and computed tomography performed immediately on admission identified a 5.0 cm × 3.0 cm abscess-like lesion between the iliopsoas muscle and the right kidney (Picture).

Although venous and urine cultures were negative, the patient was given levofloxacin 500 mg daily for 3 days and cefotaxime 2,000 mg daily for 9 days based on the presumed diagnosis of an abscess. CRP started to decrease temporarily, but it did not remit and thereafter it increased again. Twelve days later, drainage of the mass lesion was performed. The fever subsided immediately after the drainage. The organism responsible for the cystic fluid was *Escherichia coli* which is susceptible to multiple antibiotics.

Unlike pyelonephritis which is painful, a perirenal abscess is characterized by the absence of any costovertebral angle tenderness which is normally seen in pyelonephritis. Drainage is required because this type of abscess develops between the Gerota fascia and the renal capsule (1) and it has been found in patients with underlying disease, including immunocompromised states (2). The use of biologics for RA may have contributed to the development of a perirenal abscess in this patient.

The authors state that they have no Conflict of Interest (COI).

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