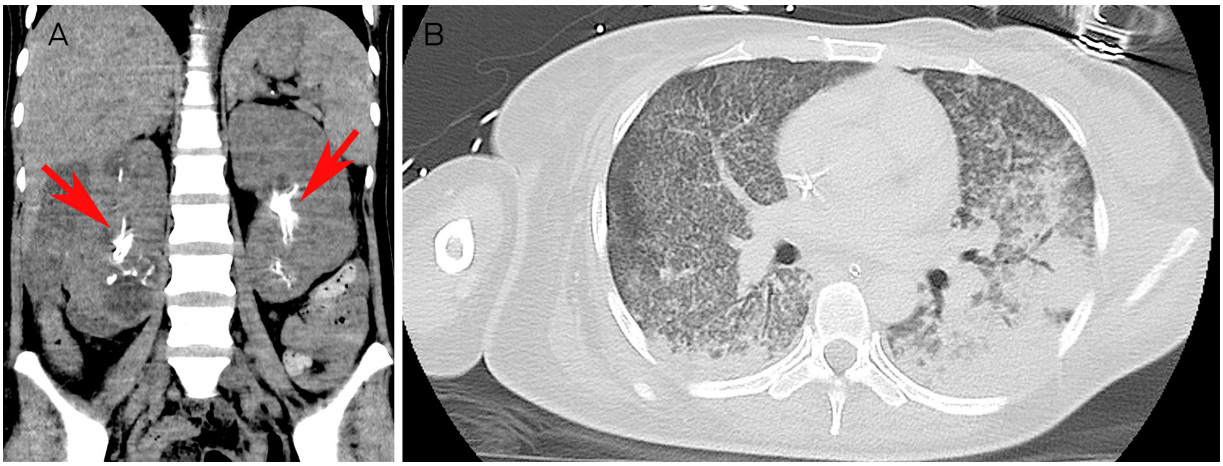
Snapshot

A unique pattern of urothelial calcifications secondary to disseminated tuberculosis



A 35-year-old woman presented with haematuria, unintentional weight loss, and night sweats for two months. On examination, she was febrile (38.8°C), hypotensive (71/56 mmHg) with low oxygen saturations (89% on room air), and right flank tenderness.

A computed tomography scan showed extensive urothelial calcifications involving bilateral renal pelvis and calyces and a right perinephric collection (Figure, A, arrows). Diffuse miliary nodules with consolidation were seen in the lungs (Figure, B). Disseminated *Mycobacterium tuberculosis* was suspected as the patient was from a country where tuberculosis is endemic. Bacterial pneumonia with urinary tract infection and concomitant hyperparathyroidism were differentials, but urine and sputum cultures had negative bacterial growth and serum calcium was normal.

Fluid from the collection was positive for *M. tuberculosis* on polymerase chain reaction (PCR) test and cultures (sensitive to rifampicin). Nephrocalcinosis is a manifestation of renal tuberculosis,[1,2] and recognition of radiological features with concordant clinical presentation can lead to earlier diagnosis and treatment.

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1 Jung YY, Kim JK, Cho KS. Genitourinary tuberculosis: comprehensive cross-sectional imaging. *AJR Am J Roentgenol* 2005; 184: 143-150.

2 Wong A, Dhingra S, Surabhi VR. AIRP best cases in radiologic-pathologic correlation: Genitourinary tuberculosis. *Radiographics* 2012; 32: 839-844. ■