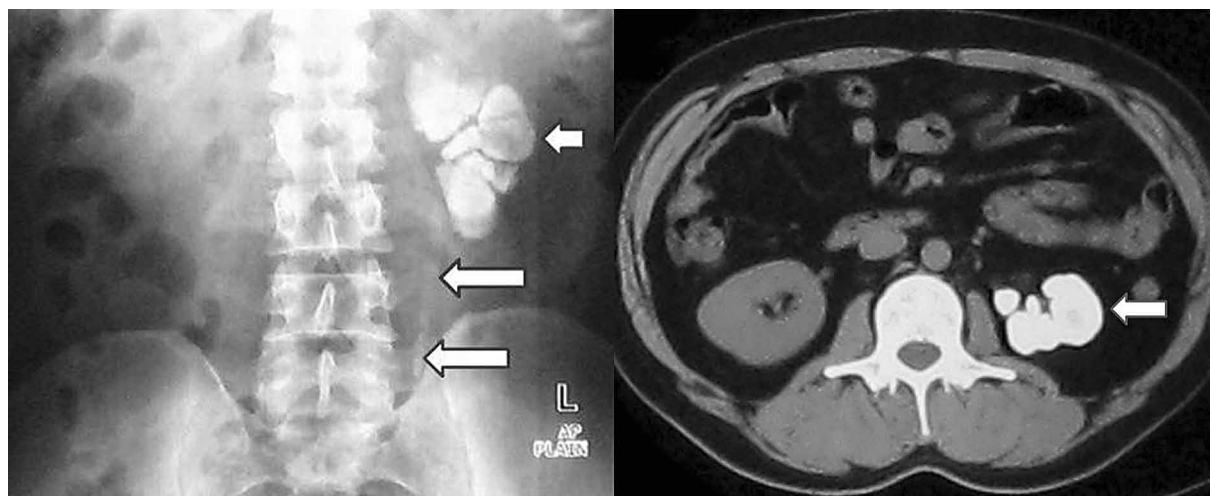


Putty Kidney

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A 28-year-old man who underwent evaluation for abdominal discomfort was incidentally found to have calcified left kidney on ultrasound examination. He had received complete treatment for symptomatic urinary tract tuberculosis 14 years earlier. His current chest radiography, urinalysis, and blood biochemical workup were normal, and there was no suggestion of reactivation of tuberculosis. A plain radiography revealed a lobulated completely calcified left kidney (short white arrow) with calcification of the left ureter (long white arrows). Noncontrast computed tomography showed dense calcification replacing left kidney (white arrow) and confirmed ureteral calcification. Intravenous pyelography showed a normally functioning right kidney, but the left kidney was nonfunctioning. A diagnosis of putty kidney secondary to past renal tuberculosis was made. Putty kidney is the radiologic appearance of dense dystrophic calcification involving extensively damaged kidney due to tuberculosis. It is the end result of scarring, obstruction, and atrophy of the kidney due to tuberculosis which is complicated by dystrophic calcification with time.¹ Urinary tract collecting system is the most common site involved in urinary tract tuberculosis, and ureteral involvement leads to ureteral scarring, stricture formation, and calcification.² Our patient was reassured that no treatment was required for left renal calcification.

Vivek Kumar,* Vivekanand Jha, Vinay Sakhujia

Department of Nephrology, Post Graduate Institute of Medical Education and Research, Chandigarh, India

*E-mail: enigma165@yahoo.co.in

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