[PICTURES IN CLINICAL MEDICINE]

Invasive *Candida* Infection with Ureteral Obstruction

Yoshitaka Tomoda¹, Yasuyuki Kihara², Ryoji Kouzuma² and Kazutoyo Tanaka¹

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Picture.

A 63-year-old man with a previous cerebral infarction was admitted to our hospital due to persistent abdominal discomfort. His serum creatinine (2.47 mg/dL) and blood urea nitrogen (144.2 mg/dL) levels were elevated. Abdominal ultrasonography revealed bilateral dilated ureters with hyperechoic material (Picture A). Double-J stents were placed in both ureters, after which his serum creatinine level improved. Ureterscopy revealed that both ureteral lumens were obstructed with white, viscous, purulent urine. Subsequent blood and urine cultures confirmed the presence of *Candida tropicalis* (Picture B) that was susceptible to flu-

conazole. The patient was treated with fluconazole, but he died due to pneumonia on hospital day 55. During the autopsy, a gross examination of the kidneys revealed multiple foci of papillary necrosis (Picture C). A histological analysis revealed the infiltration of neutrophils and fungal filaments within the necrotic area (Picture D). Urinary tract obstruction due to mucous debris and agglutination of renal papillary necrotic tissue is a rare complication of candiduria (1).

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¹Department of General Medicine, Saiseikai Fukuoka General Hospital, Japan and ²Department of General Internal Medicine, Kitakyushu General Hospital, Japan

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Correspondence to Dr. Yoshitaka Tomoda, yoshisoph@gmail.com

Reference

1. Kauffman CA, Fisher JF, Sobel JD, et al. Candida urinary tract infections-diagnosis. Clin Infect Dis **52**: 452-456, 2011.

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