UTJMS 2025 June 30, 13(S3):e1-e2

Xanthogranulomatous Pyelonephritis Presenting as Elevated Inflammatory Markers

Julianna Sim^{1*}, Samantha Davis², Nathaniel Gilbert², Aya Abugharbyeh³

¹College of Medicine and Life Sciences, 3000 Arlington Avenue, The University of Toledo, Toledo OH 43615

²Fellow, Division of Gastroenterology, Department of Medicine, 3000 Arlington Avenu, The University of Toledo, Toledo OH 43615

³Assistant Professor, Division of Gastroenterology, Department of Medicine, 3000 Arlington Avenu, The University of Toledo, Toledo OH 43615

Email: julianna.sim@rockets.utoledo.edu

Received: 2024-08-16

Accepted: 2024-09-16

Published: 2025-06-30

Introduction: Xanthogranulomatous pyelonephritis is a rare form of pyelonephritis characterized by chronic granulomatous inflammation in which the renal parenchyma is replaced by sheets of lipid-laden macrophages. It mainly affects middle-aged women but has been reported in men and all ages including children (1). Symptoms are largely non-specific and include flank pain, weight loss, fever, lower urinary tract symptoms, and palpable masses (1). Mainstay diagnosis is made by CT, although MRI also be used (1, 2). Standard treatment includes antibiotics, percutaneous decompression, and radical nephrectomy (3).

Case Presentation: A 32-year-old female was referred to rheumatology for evaluation of elevated C-reactive protein at 130 mg/L, elevated Sed rate at 82 mm/hr, and positive rheumatoid factor. She reported a 1-month history of joint pain affecting the ankles, posterior ribs, and lower back, as well as a 22 lb. weight loss over 3 months, fatigue, and hypotension with dizziness and lightheadedness. She was initially diagnosed with systemic inflammatory response syndrome of unknown etiology, and extensive further workup was pursued. Labs showed persistent leukocytosis with a white blood cell count of 15.79-19.61 10*3/uL and anemia with hemoglobin 6.7-8.0 g/dL. No clear rheumatologic etiology was discovered. CT abdomen and pelvis then revealed an enlarged right kidney with a cystic lesion measuring 13.8 x 9.8 x 11.6 cm. She was diagnosed with xanthogranulomatous pyelonephritis. Two right percutaneous nephrostomy tubes were placed, followed by a right ureteral stent due to staghorn calculus. Urine culture was positive for Proteus, and antibiotics were initiated. She ultimately underwent a curative right nephrectomy. Pathology showed severe acute and chronic pyelonephritis with xanthogranulomatous inflammation likely secondary to obstructing calculus.

Dr. Lance D. Dworkin Department of Medicine Research Symposium

UTJMS 2025 June 30, 13(S3):e1-e2

Conclusion: We present a case with elevated inflammatory markers that ended up with non-rheumatologic diagnosis. Xanthogranulomatous pyelonephritis is an elusive diagnosis that should be considered in patients with flank pain and non-specific inflammatory signs.

Keywords: Pyelonephritis, Xanthogranulomatous pyelonephritis

- 1. Li, L. and A.V. Parwani. *Xanthogranulomatous Pyelonephritis*. Arch Pathol Lab Med, 2011. **135**(5): p. 671–674. https://doi.org/10.5858/2009-0769-RSR.1
- 2. Loffroy R., Guiu, B., Watfa, J., Michel, F., Cercueil, J.P., and D. Krausé. *Xanthogranulomatous pyelonephritis in adults: clinical and radiological findings in diffuse and focal forms*. Clinical Radiology, 2007. **62**(9): p. 884-890. https://doi.org/10.1016/j.crad.2007.04.008
- 3. Harley, F., Wei, G., O'Callaghan, M., Wong, L.-M., Hennessey, D., and N. Kinnear. *Xanthogranulomatous pyelonephritis: a systematic review of treatment and mortality in more than 1000 cases*. BJU Int, 2023. **131**: p. 395-407. https://doi.org/10.1111/bju.15878