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(2001-02-02 收稿)

气肿性肾盂肾炎一例

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【中图分类号】R692.3 【文献标识码】D 【文章编号】1000-0313(2001)02-0076-01

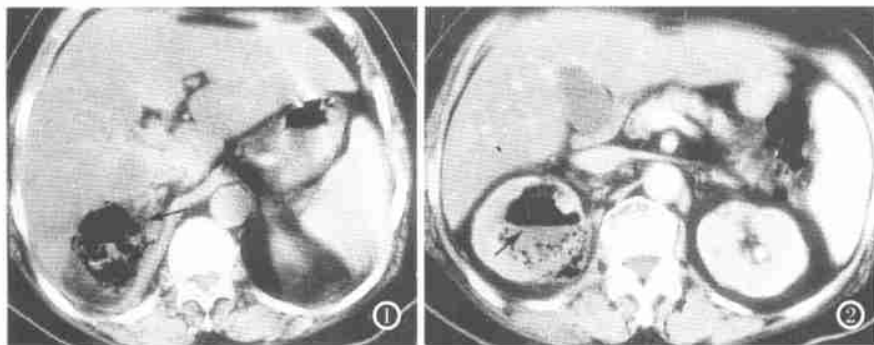


图 1、2 右肾上极肿大, 肾内及肾周广泛积气, 肾内可见长约 6cm 之气液平面, 肾周脂肪囊肿胀模糊。

患者, 女, 72 岁。因畏寒、发热伴腰背部疼痛 3 天入院。查体: 体温 39.7℃, 脉搏 120 次/min, 呼吸 35 次/min, 血压 16/10kpa; 神志清, 腹平软, 无压痛, 右肾区叩击痛。实验室检查: 白细胞 $1.2 \times 10^9/L$, 中性粒细胞 0.87。尿常规白细胞 5~10/HP。既往史: 糖尿病多年。

CT 检查: 平扫肝脏形态、大小正常, 边缘光整, 密度均匀性普遍降低, 其内血管影清晰可见, 右肾上极明显肿大, 正常结构消失, 肾皮质变薄, 肾内及肾周广泛积气, 肾内见一长约 6cm 的气液平面, 肾周脂肪囊肿胀、模糊。CT 诊断: ①右侧气肿性肾盂肾炎。②弥漫性脂肪肝。经临床抗炎治疗 3 周病情好转。

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讨论 气肿性肾盂肾炎是一种暴发性、坏死性肾炎性病变, 常单侧发病, 以肾实质内气体产生为特征。好发于抵抗力低下的女性, 多因逆行感染所致, 致病菌主要为大肠杆菌。糖尿病与本病密切相关, 在尿糖增高的情况下, 有利于细菌生长, 细菌酵解葡萄糖产生气体, 同时细菌感染导致肾实质明显坏死、液化, 当病情进展, 病灶融合成脓气腔后可出现液平面, 本例气液平面长达 6cm, 实属罕见。炎症可延肾周脂肪囊蔓延, 使其肿胀、模糊, 同时肾周可出现气体或脓气腔。除糖尿病外, 药物因素(如免疫抑制剂)、尿路梗阻等均可导致气肿性肾盂肾炎。

鉴别诊断: 本病须和化脓性肾盂肾炎及肾脓肿鉴别。化脓性肾盂肾炎及肾脓肿均可出现肾内及肾周气体和炎症的蔓延, 但这两种病变产生的气体一般很少, 且病程较长, 鉴别应无困难; 另外, 脓肿穿刺引流术后, 局部可积聚较多气体, 此时临床病史有助于鉴别。

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(2000-08-07 收稿)