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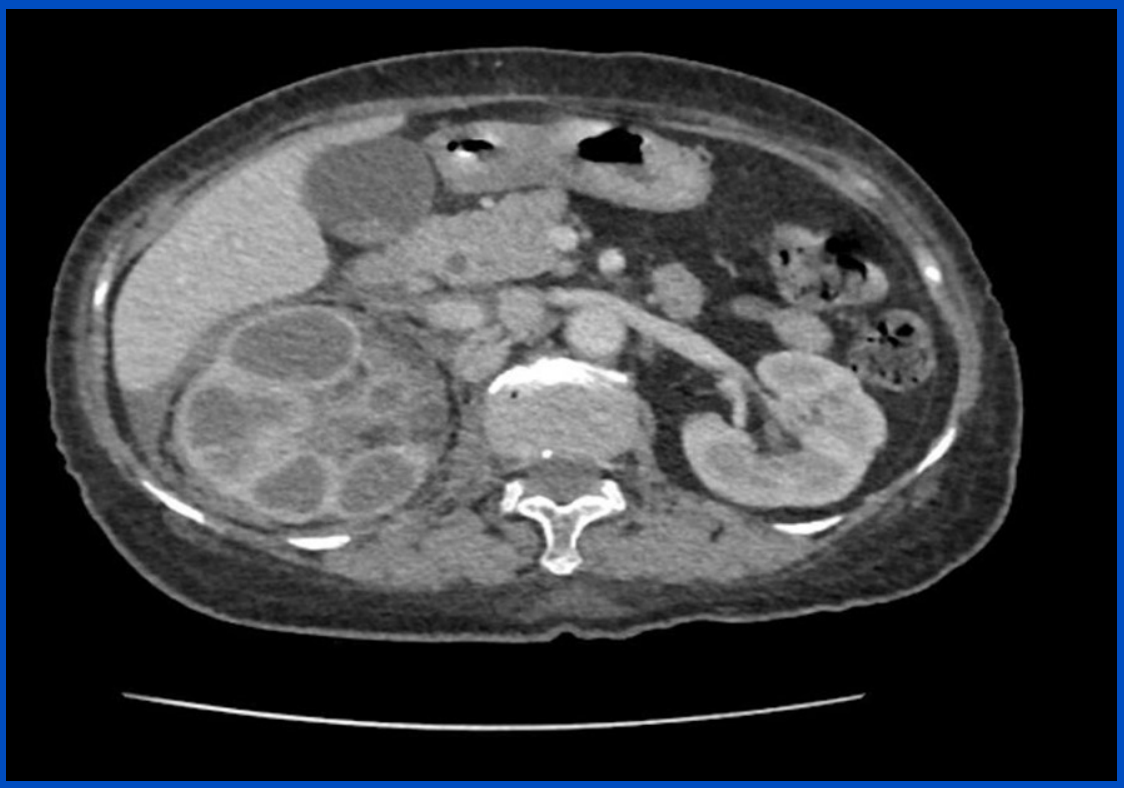

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Aim and Scope of Brunei International Medical Journal

The Brunei International Medical Journal (BIMJ) is a six monthly peer reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam.

The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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Ethical considerations will be taken into account in the assessment of papers that have experimental investigations of human or animal subjects. Authors should state clearly in the Materials and Methods section of the manuscript that institutional review board has approved the project. Those investigators without such review boards should ensure that the principles outlined in the Declaration of Helsinki have been followed.

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These include controlled trials, interventional studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, and large-scale epidemiological studies. Manuscript should include the following; introduction, materials and methods, results and conclusion. The objective should be stated clearly in the introduction. The text should not exceed 2500 words and references not more than 30.

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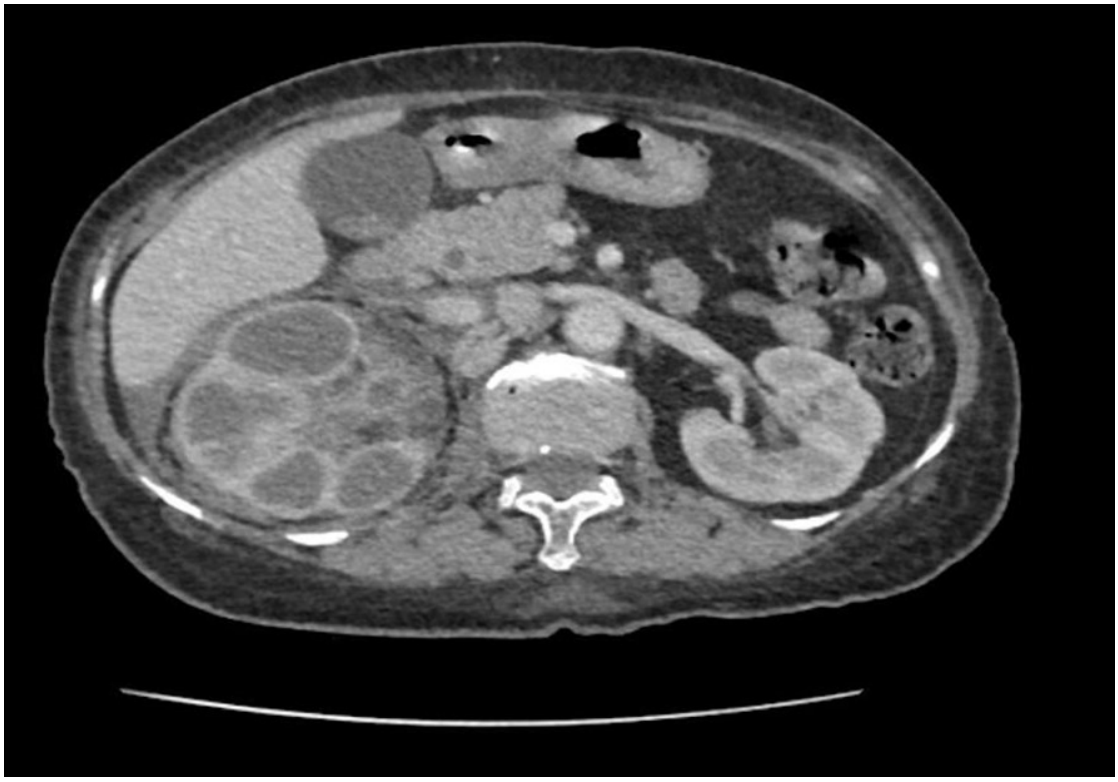

Figure 1

A 58-year-old lady presented with dizziness, dysuria and loss of appetite for one week, but without fever. This was associated with chronic vague right flank discomfort and weight loss. Physical examination revealed mild pallor and a ballotable mildly tender right flank mass. Laboratory examination revealed infective pathology. Ultrasound scan of the abdomen showed multiple thick-walled cystic structures and computed tomography scan (Figure 1) showed an enlarged kidney with typical changes. There was also a non-obstructive stone in the lower calyceal system, gallstones, mild ascites and retrocaval and aortocaval lymphadenopathy. She was started on a prolonged course of antibiotics.

What is the diagnosis?

1. What is the sign seen on CT scan called?
2. What is the diagnosis?

***Answer**: refer to page 16*

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DISCLOSURE: There is no conflict of interest and consent has been obtained for the use of this image.

(***Refer to page 15***)

ANSWERS:

1. **'BEAR PAW' SIGN**
2. **XANTHO-GRANULOMATOUS PYELONEPHRITIS**

Xanthogranulomatous pyelonephritis (XGP), first described by Sclagenhaufer in 1916 is a chronic destructive granulomatous renal parenchymal pathology and a rare sequelae of recurrent urinary tract infections or obstruction. [1] It is more common in females and can manifest with symptoms ranging from vague abdominal discomfort and weight loss, to symptoms of urinary tract infections (fever, renal tenderness and lower urinary tract symptoms), severe sepsis and complications such as gross haematuria, psoas abscess, perinephric abscess and fistulae formation. It may mimic conditions like perinephric abscess, tuberculosis and renal cell carcinoma.

Computed tomography (CT) imaging is the modality of choice and the 'Bear paw' sign is pathognomonic of XGP, resembling the paw of a bear and is diagnostic of this condition. [1, 2] The Bear paw signs are hypoattenuating dilated calyces due to cellular infiltration of lipid-laden macrophages and not due to fluid collections. Other changes seen on imaging include hydronephrosis (90.9%), nephrolithiasis (72.7%), pyonephrosis (45.5%), intra-parenchymatous collection (45.5%), cortical renal atrophy (45.5%), abscess (36.4%) and perinephric fat accumulation (18.2%). [3] XGP can be progressive and manifest through several stages which are classified into three categories. [1] In the extreme of Stage 3 disease, fistulae such as reno-cutaneous, reno-bronchial and reno-enteric (particularly reno-colic) have been reported, of which reno-cutaneous and reno-bronchial are the most common. [1]

Management depends on the stage of disease. Stage 1 (Early stage where inflammatory changes are localised to the renal parenchyma) and Stage 2 (Involvement of the perinephric fat but not beyond) can be treated with a prolonged antimicrobial therapy. For stage 3 disease (extension into the perinephric fat affecting the surrounding structures of organs including fistula formation), in addition to antimicrobial therapy, surgery may be indicated. Prognosis depends on the stage of disease and early diagnosis is important.

CONFLICT OF INTEREST

The author(s) declared no conflict of interest in this work.

CONSENT

Consent has been obtained from patient and hospital authority to publish this article.

REFERENCES

1: Onn LV, Bickle I, Chua HB, Telisinghe PU, Chong CF, Chong VH. Xanthogranulomatous pyelonephritis with reno-colic fistula: A rare complication of urinary tract infection. Malays Fam Physician. 2017 Dec 31;12(3):33-36.

2: Garrido-Abad P, Rodríguez-Cabello MÁ, Vera-Berón R, Platas-Sancho A. Bear Paw Sign: Xanthogranulomatous Pyelonephritis. J Radiol Case Rep. 2018;12(11):18-24. doi: 10.3941/jrcr.v12i11.3415.

3: Loffroy R, Guiu B, Watfa J, Michel F, Cercueil JP, Krausé D. Xanthogranulomatous pyelonephritis in adults: clinical and radiological findings in diffuse and focal forms. Clin Radiol. 2007; 62(9):884-90.