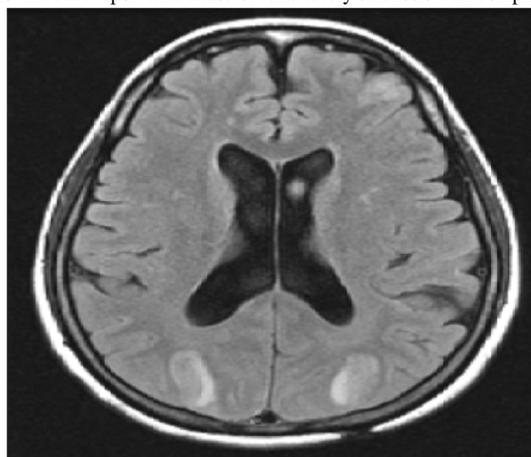


A Case of Posterior Reversible LeukoEncephalopathy Syndrome in a Woman with Renal Artery Stenosis

Division of Nephrology, Department of Internal Medicine

*Eunjung Ko, Hyun Il Jang, Sun Duk Hwang, Joon Ho Song, Seung Woo Lee, Moon-Jae Kim

Posterior reversible encephalopathy syndrome (PRES) is characterized by a clinical and radiological entity with seizure, headache, hypertension, visual loss and encephalopathy with neuroimaging findings of reversible vasogenic subcortical edema. The co-morbid conditions is hypertension, renal disease, autoimmune disease, eclampsia and transplantation. A 42-year-old woman was admitted to our hospital with complaint of sudden onset of seizure. Her blood pressure is 210/110mmHg and mental is drowsy state. After this episode she complained of blindness for a few days. Brain MRI showed multifocal edema in bilateral occipital lobe, frontoparietal lobe. In several hypertensive work-up studies, renal doppler ultrasonography showed stenosis of right renal artery. Segmental stenosis in right renal artery was demonstrated by renal angiography. We performed stent insertion in renal artery narrowing portion. Her blood pressure was maintained less than 140/80mmHg without the antihypertensive drugs. PRES was induced by renal hypertension and its cause was right renal artery stenosis. Here we report a rare case of renal artery stenosis with complication of PRES.



A case of acute pyelonephritis due to *Finnegoldia magna*

¹Department of Internal Medicine, Dongguk University Ilsan Hospital, ²Department of Laboratory Medicine, Dongguk University Ilsan Hospital, ³Department of Internal Medicine, Dongguk University Gyeongju Hospital

*Gwan Woo Hong¹, Yun Hee Ha¹, Jae Woo Chung², Jae Yoon Park¹, Kyung Soo Kim¹, Hyo Jin Kim³, Kyung Don Yoo³, Sung Joon Shin¹

Background: *Finnegoldia magna* is one of the normal human flora which colonizes skin and mucous membranes. It has been usually reported in bone and joint infection. This is the first report of acute pyelonephritis (APN) due to *Finnegoldia magna* in Korea. **Case:** A 74-year-old diabetic woman had received both total knee replacement arthroplasty 15 years ago. She was admitted to the hospital because of fever, dysuria and flank pain, which had been attributed to sepsis by APN. Her vital signs were as follows: blood pressure 74/45 mmHg; heart rate 102 beats/min; respiratory rate 22 breaths/min; body temperature 38.9°C. The following findings were observed on admission: white blood cell count 7,780/μL; hemoglobin 10.9 g/dL; platelet count 222,000/μL; blood urea nitrogen 51.6 mg/dL; creatinine 2.06 mg/dL; C-reactive protein 4.91 mg/dL. Urinalysis showed bacteriuria with many WBC casts. Abdomen pelvis computed tomography showed that bilateral hydronephrosis and infiltration at the paracolic gutter area, which suggested urinary tract infection (Fig. 1). *Finnegoldia magna* was isolated in blood culture (Fig. 2). She became asymptomatic and was successfully treated with antibiotics. **Conclusions:** This is the first report of APN and septic shock due to *Finnegoldia magna* in Korea. Even though it was uncertain to demonstrate the association between *Finnegoldia magna* infection and knee prostheses (Fig. 3), the importance of identifying a pathogen and searching for the source of infection considering all of the possibilities should not be dismissed.

