

## A burst waterpipe

An 81-year-old woman presented with sepsis associated with mild right upper quadrant tenderness. Despite antibiotic therapy, her condition failed to improve. Subsequent abdominal computed tomography scan revealed a hydronephrotic right kidney and fluid collection around the lower pole, extending into the pelvis, compatible with a urinoma (Figure 1).

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Drain insertion produced 3.5 litres of fluid with simultaneous settling of inflammatory markers and pyrexia. Computed tomography intravenous urogram showed resolution of the collection but revealed a filling defect within the collecting system suspicious for a urothelial tumour.

Despite initial symptom relief, the urinoma reaccumulated and drain fluid cultures grew coliforms and yeast. Although high risk for surgery, she underwent a nephrectomy for definitive management. Operative findings included adherent tissue with minimal integrity and 1.5 litres of pus. Histology showed dilated urinary pelvis and calyces and several peri-renal abscesses, but no evidence of malignancy.

Postoperatively the patient developed pneumonia and died. **BJHM**

**Figure 1.** Coronal computed tomography image of the abdomen and pelvis, showing a right-sided urinoma extending from a hydronephrotic kidney into the pelvis.

