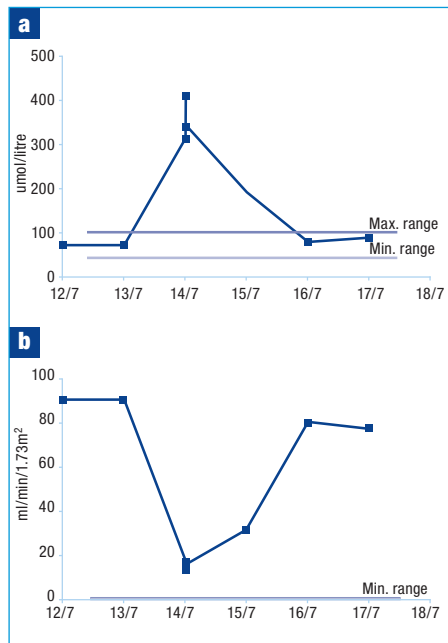


artificial urinary sphincters in the elderly population this must be considered while establishing the underlying aetiology of acute kidney injury and ruling out common causes.

**Figure 1. a. Serum creatinine level and (b) estimated glomerular filtration rate during the episode of acute kidney injury.**



## Conclusions

Failure to deactivate an artificial urinary sphincter leading to urinary retention may be an easily overlooked cause of acute kidney injury. With growing use of artificial urinary sphincters in the elderly population this must be considered. Awareness of the artificial urinary sphincter is needed as it can cause urinary obstruction and acute renal dysfunction. A simple click deactivates the device and allows free flow of the urine. **BJHM**

- Lai HH, Hsu EI, Teh BS, Butler EB, Boone T (2007) 13 years of experience with artificial urinary sphincter implantation at Baylor College of Medicine. *J Urol* **177**(3): 1021–5 (doi: 10.1016/j.juro.2006.10.062)
- Ricci Z, Cruz D, Ronco C (2008) The RIFLE criteria and mortality in acute kidney injury: a systematic review. *Kidney Int* **73**: 538–46 (doi: 10.1038/sj.ki.5002743)
- Singbartl K, Kellum JA (2012) AKI in the ICU: definition, epidemiology, risk stratification, and outcomes. *Kidney Int* **81**: 819–25 (doi: 10.1038/ki.2011.339)
- Vakalopoulos I, Kampantais S, Laskaridis L, Chachopoulos V, Koptsis M, Toutziaris C (2012) New artificial urinary sphincter devices in the treatment of male iatrogenic incontinence. *Adv Urol* **2012**: 439372 (doi: 10.1155/2012/439372)
- Wang HE, Muntner P, Chertow GM, Warnock DG (2012) Acute kidney injury and mortality in hospitalized patients. *Am J Nephrol* **35**: 349–55 (doi: 10.1159/000337487)

## LEARNING POINTS

- Failure to deactivate an artificial urinary sphincter leading to urinary retention may be an easily overlooked cause of acute kidney injury.
- With the growing use of artificial urinary sphincters in the elderly this must be considered in the differential diagnosis of acute kidney injury, especially when these patients present with acute confusion, unconsciousness or limb weakness secondary to acute stroke.
- A high degree of awareness about artificial urinary sphincters is necessary because they can cause urinary obstruction and acute renal dysfunction.
- Management requires a simple click to deactivate the device allowing free flow of urine.
- The authors recommend that patients should carry a wallet card or wear medical identification to tell health-care providers that they have an artificial sphincter. The presence of these prostheses and interventions must be documented in the clinical notes.

## Images in Medicine

# Lingual tumour in a 6-year-old boy

**A** 6-year-old patient, who was undergoing chemotherapy for lymphoblastic leukaemia, presented with a 1-month history of an asymptomatic, 3 cm x 2 cm well-demarcated whitish nodule on the posterior portion of the tongue (*Figure 1*). Histopathological examination confirmed the diagnosis of chronic hyperplastic candidiasis of the tongue. The lesion disappeared after antifungal therapy.

Oral candidiasis is the most frequent mucocutaneous mycosis of the oral cavity. It is found in the oral cavity of 50% of the general population as a common commensal organism (Farah et al, 2010). The pathogenesis of candidiasis depends on several factors, of which immunosuppression and poor oral hygiene are the most common. Candidiasis is often present in its pseudomembranous form; the tumour form is unusual and can be misleading. In an immunocompromised

patient, the acute appearance of a tongue tumour should be treated with antifungal therapy followed by skin biopsy. **BJHM**

Farah CS, Lynch N, McCullough MJ (2010) Oral fungal infections: an update for the general practitioner. *Aust Dent J* **55**(Suppl 1): 48–54

**Figure 1. A rough-surfaced 3 cm x 2 cm whitish nodule on the posterior portion of the tongue.**



**Dr Amarouch Hajar** is Resident in the Dermatology Department, University Hospital of Ibn Sina, Rabat, 10100, Morocco

**Dr Arrachidi Nabila** is Resident in Paediatrics in the Paediatric Department, Hospital D'enfants De Rabat, Rabat, Morocco

**Dr Rachadi Hanane** is Resident in the Dermatology Department, University Hospital of Ibn Sina, Rabat, Morocco

**Professor Badredine Hassam** is Head of the Dermatology Department, University Hospital of Ibn Sina, Rabat, Morocco

**Professor Nadia Ismaili** is Professor of Paediatric Dermatology in the Dermatology Department, University Hospital of Ibn Sina, Rabat, Morocco

Correspondence to: Dr A Hajar (Hajar.amarouch@gmail.com)