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Chronic pyelonephritis - are we under diagnosing it?

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Chronic pyelonephritis is induced by recurrent or persistent renal infection. It is said to occur in patients with major anatomic anomalies, including urinary tract obstruction, calculi, renal dysplasia, or most commonly, vesicoureteral reflux in young children. Chronic pyelonephritis usually manifests as hypertension or chronic renal failure.

The post-mortem findings of ten cases of deaths due to ischaemic heart disease reported to Department of Forensic Medicine, Faculty of Medicine, Galle during the period of June 2009 to November 2009 were retrospectively analyzed to identify the pathology and determine the cause of death. Available clinical history was studied and complete post-mortem examination was performed in each case including histopathology.

Ninety percent of subjects (n=9) were above 60 years of age and 70% were males. Seventy percent (n=7) were diagnosed with hypertension. Only 10% of the patients (n=1) had symptoms related to genitor-urinary system. None of them were investigated extensively to find out any renal pathology. A post-mortem diagnosis of ischaemic heart disease was made on the basis of characteristic organ findings, including narrowing of major coronary arteries and old ischaemic changes of the myocardium. This was observed in all 10 cases. Ninety percent had granular contracted kidneys and a histological diagnosis of chronic pyelonephritis was made in all of them. Hypertensive changes of the kidney were seen in all of them.

The known relationship between chronic pyelonephritis and hypertension was observed in this study. Even though thorough investigations of the genitourinary system are a must in patients having hypertension, as most of the patients were asymptomatic for renal disease, this was not carried out. The need of setting up precise clinical and laboratory parameters for early detection of chronic pyelonephritis, in patients having hypertension is highlighted.