

Unmasking Right Upper Quadrant Pain: Post Cholecystectomy Quandary

Rumkan Caur^{1*} and Hineshkumar Upadhyay²

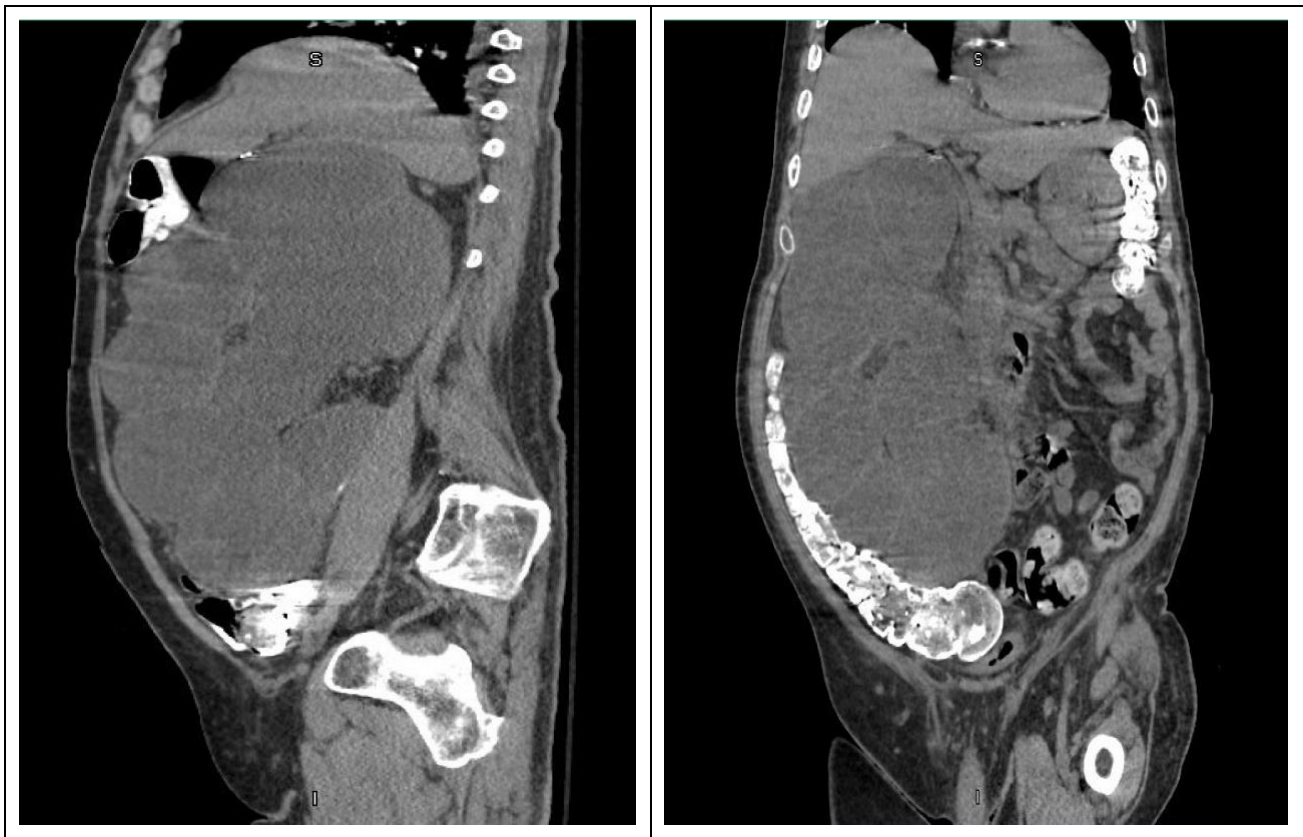
¹Internal Medicine Resident, Saint Peter's University Hospital, USA

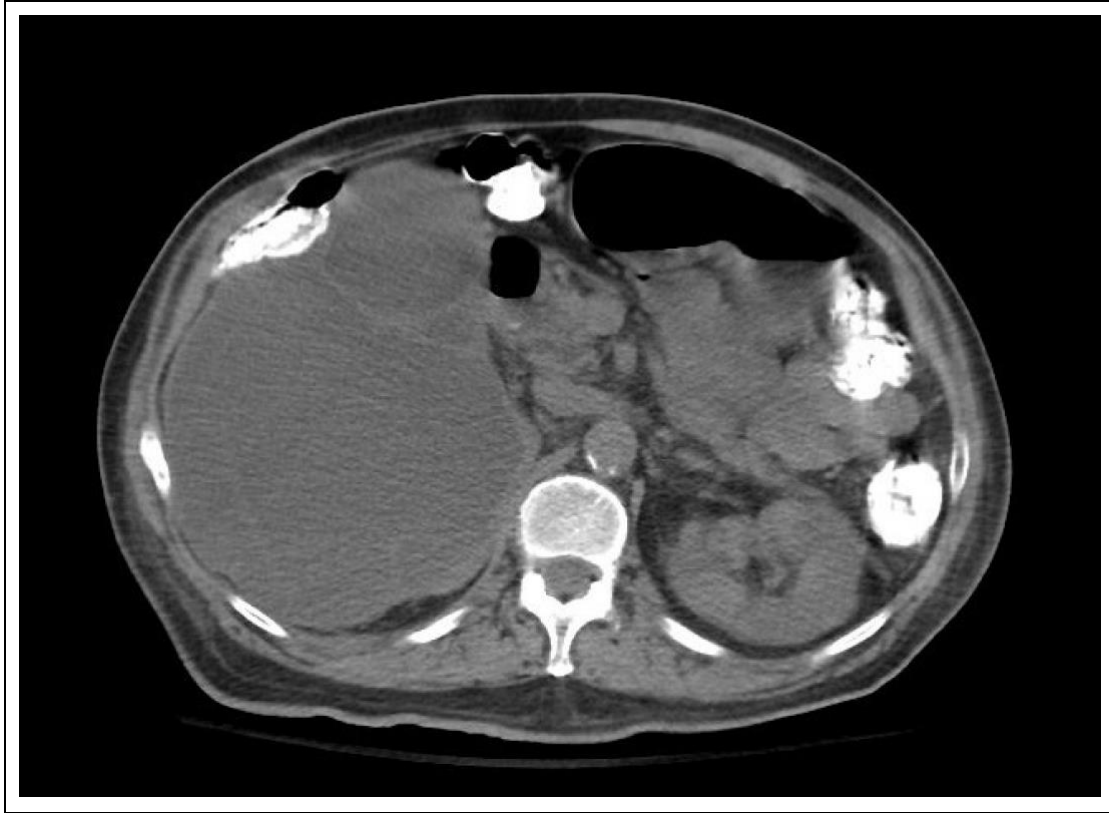
²Pulmonary/Critical Care Department, Saint Peter's University Hospital, USA

*Corresponding author: Rumkan Caur, Internal Medicine Resident, Saint Peter's University Hospital, USA.

E-mail: rcaur@saintpetersuh.com

Received: September 05, 2024; Accepted: September 20, 2024; Published: October 15, 2024





Clinical Image

A 74-year-old man with a past medical history of progressive supranuclear palsy, diabetes mellitus type 2, prior cholecystectomy, hypertension, and hyperlipidemia presented to the hospital with altered mental status and right upper quadrant pain. He was managed in the ICU for septic shock secondary to complicated enterococcus urinary tract infection with right pyelonephritis and severe right hydronephrosis. Initial CT abdomen/pelvis revealed the size of the right kidney to be 28.0 cm craniocaudally. The images reveal the infected right kidney occupying most of the abdominal cavity while compressing anteriorly on the nearby colon which can be differentiated due to the presence of air compared to the “haustro” looking septations of the right renal parenchyma. The patient improved after a nephrostomy tube drained more than 1.2 L of pus immediately with ongoing drainage afterwards, antibiotics, and an eventual right nephrectomy in the same admission.