Teaching Point

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The lady seen for evaluation of left flank pain and a ‘small left kidney’

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A 56-year-old woman was referred by her family doctor to our outpatient hypertension clinic for further evaluation of hypertension and a small left kidney. The patient was referred with the suggestion that a renal scan was needed. When first seen, the patient reported that she had been suffering from pain in the left flank for 2 months. She was clearly depressed because no cause for her pain had been found. During the interview she repeatedly pointed to her left flank. She did not even mention hypertension. Past medical history revealed a duodenal ulcer found 15 years before, currently treated with anti-H2 drugs. When explicitly asked she mentioned that in the last 2 years she has been found to be slightly hypertensive (150/100 mmHg). The family history was positive for hypertension and blood pressure was perfectly controlled (120/70 mmHg) with an ACE-inhibitor.

Because of the pain in the left flank, 3 weeks previously she underwent an ultrasound study which revealed a large right kidney with normal cavities. The left kidney was not found in the usual place, while a small mass (5 × 4 cm) with a kidney-like appearance was found in the left flank. Urography showed a single large right kidney with a normal appearing excretory system. Laboratory examinations were unremarkable. The patient was then referred to our clinic for what was supposed to be a small ectopic non-excreting left kidney probably causing her hypertension.

Fig. 1. Ultrasonography of the mass palpable in the left flank.

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Physical examination revealed a firm painful mass in the left flank. Repeated ultrasonography showed that this mass was responsible for the kidney-like appearance (Figure 1). During examination the patient was asked about her stool habits, and a history of constipation lasting 1½ months was disclosed. A double contrast air-barium enema was then performed and a few days later the patient underwent surgery for a cancer in the descending colon (Figure 2).

In this patient time was lost because she was born with a single right kidney and the mass of the left colon gave a kidney-like appearance. It must be stressed that ectopic kidneys are usually not found in the left flank and that physical examination and careful listening to the patient’s complaints would have directed the investigations straight to the colon.

**Teaching Point**

It causes waste of money and time to order laboratory tests without taking a careful history and performing a physical examination.

*Fig. 2. Anular, constricting carcinoma of the descending colon.*