

Spontaneous nephrocutaneous fistula due to xanthogranulomatous pyelonephritis with secondary enterocutaneous fistula: a rare case report

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Abstract

Chronic infection, especially in the setting of obstruction like calculous disease, may result in the fistula tract development of fistula tract from kidney to the other proximal organs. However, nephrocutaneous fistula is a rare complication, and the primary cause of its development is previous surgical intervention, trauma, or malignancy. Our case was a 26-year-old Afghan man with xanthogranulomatous pyelonephritis (XPN) resulted in spontaneous nephrocutaneous fistula. The patient underwent radical nephrectomy. Our case shows that previous surgery is not the only cause of fistula. After surgery, he presented

with secondary enterocutaneous fistula due to surgery or chronic underlying inflammation. After systemic antibiotic therapy and total parenteral nutrition, he became well and discharged from the hospital. As a result, XPN is a rare subtype of chronic pyelonephritis that requires immediate evaluation and early diagnosis. Patients should be considered for possible complications such as fistulas. Physicians should be aware of this issue for appropriate diagnosis and treatment.