

CJASN

Clinical Journal of the American Society of Nephrology

April 2012 • Vol. 7 • No. 4

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689 Finding a Common Language for Patient Safety in CKD

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On the Cover

What's the diagnosis? A 93-year-old man presented with urosepsis and acute kidney injury, with an increase in serum creatinine from a baseline of 1.6 mg/dl to a value of 4.7 mg/dl. He had an indwelling Foley catheter for chronic bladder outlet obstruction related to severe prostatic hypertrophy. The image shown is a coronal reconstruction of computed tomography imaging of the abdomen demonstrating left hydronephrosis and hydroureter (solid arrows, A), right hydroureter (solid arrowheads, A; the kidney is not visualized in this cut), and a massively distended bladder (open arrowheads, A). The Foley catheter can be seen in the urethra (open arrow, A); however, the balloon is not visualized in the bladder. The Foley catheter had become dislodged and had migrated with the balloon in the prostatic urethra (arrow on the sagittal reconstruction through the prostate, B). The obstruction resolved and kidney function returned to baseline after removal of the obstructing Foley catheter and placement of a properly positioned catheter in the bladder. (Image and text provided by Paul M. Palevsky, MD, FASN, Renal Section, VA Pittsburgh Healthcare System and Renal-Electrolyte Division, University of Pittsburgh School of Medicine, Pittsburgh, PA)

