

## Clinical Image

# Tuberculous Aortic Aneurysm and Interstitial Nephritis after BCG Therapy

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A 63-year-old male patient presented with fever, back pain, acute renal failure (13ml/min/1.73m<sup>2</sup>), and six months after starting a BCG therapy for bladder carcinoma. The renal biopsy found interstitial gigantocellular epithelioid and necrotizing granulomas (panel A, blue circle). The PET-scan revealed an aortic mycotic aneurysm involving the renal arteries (panel B, white arrow). An antituberculous treatment for seven months was started, with a tapering systemic corticotherapy for 3 months. As the aneurysm increased with a reactional L2 vertebral osteolysis, a two-step surgery was performed (laparoscopic bi renal revascularization, followed by an aortic endoprosthesis). One year after stopping antituberculous treatment, bladder carcinoma was in remission, the renal clearance was stable at 30 ml/min/1.73m<sup>2</sup>, and the patients remained with an asymptomatic vertebral osteolysis and a functional endoprosthesis (Panel C, black arrows). Association of an interstitial nephritis and an aortic aneurysm is a rare life threatening medico-surgical complication of BCG therapy.

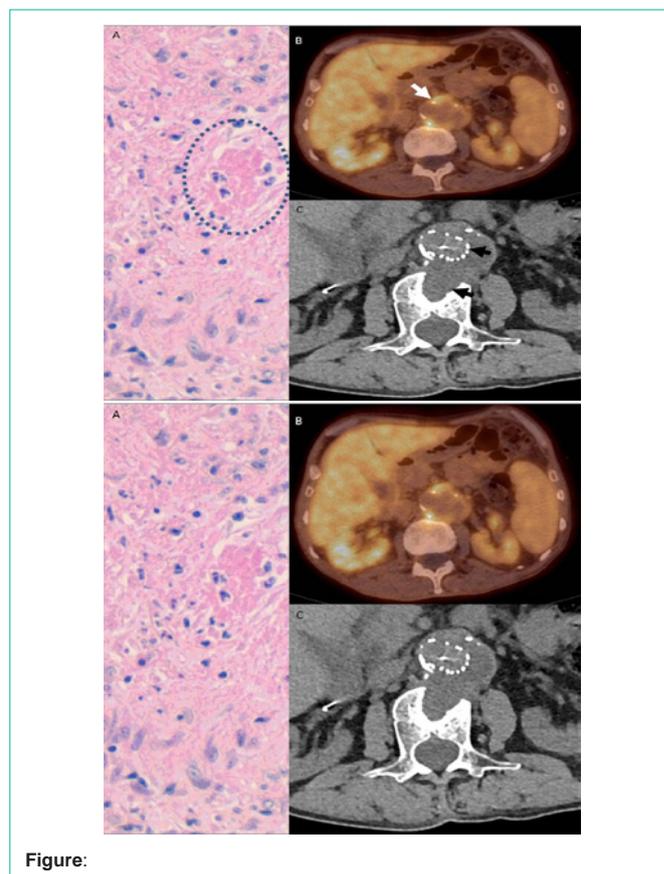


Figure: