



Acquired ectopic kidney

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An 80-year-old man was referred to the nephrology clinic for evaluation of chronic kidney disease with proteinuria. His past medical history was consistent with diabetes mellitus, hypertension and obesity. He also had Crohn disease since 1971 and had been operated on several times, resulting in an abdominal eventration. The eventration had been treated with a prosthesis, which had to be removed in 2013 due to an infection, with no possibility of reintervention (Fig. 1A). His medication consisted in adalimumab, irbesartan/hydrochlorothiazide and dapagliflozine. Clinical examination revealed morbid obesity (body mass index,

45.1 kg/m²) and a voluminous eventration with no signs of occlusion. Biologically, plasma creatinine was 97 µmol/L (1.1 mg/dL; estimated glomerular filtration rate, 70 mL/min/1.73 m²) with protein-to-creatinine ratio of 0.2 g/mmol (normal range, <0.03) without hematuria nor leukocyturia. An abdominal computed tomography scan was performed to evaluate the possibility of performing a renal biopsy (Fig. 1B, C). Over time, right kidney had localized within the eventration taking on a subcutaneous position. Finally, kidney biopsy was not performed, as proteinuria remained stable over time without kidney impairment and

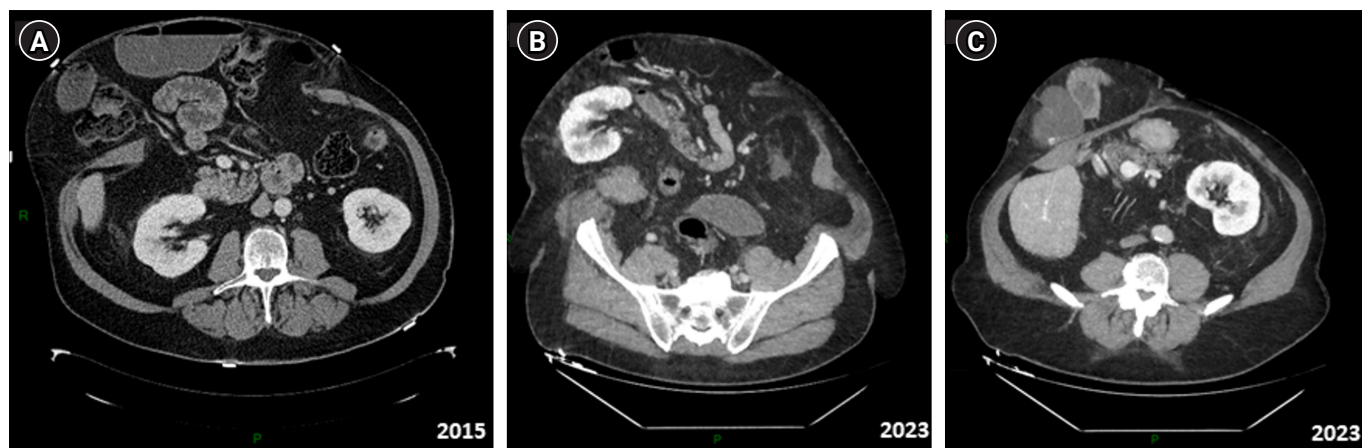


Figure 1. Axial views of abdominal computed tomography scans. (A) Voluminous abdominal eventration with normal kidney localization in 2015, 2 years after prosthesis removal. Subcutaneous intrahernial localization of right kidney in 2023 (B), while the left kidney remains in normal anatomical position (C).

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because of the risk of the procedure.

Conflicts of interest

All authors have no conflicts of interest to declare.

Data sharing statement

The data presented in this study are available on request from the corresponding author.

Authors' contributions

Conceptualization: All authors

Data curation, Formal analysis, Visualization: HL

Supervision: ET

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