A 32-year-old woman was admitted for fever and diffused lower abdominal pain for 5 days. Physical examination revealed tender 16-week size uterus. Urine for pregnancy test was positive. She had a spontaneous incomplete abortion after admission. Evacuation of retained products of gestation and aspiration curettage were performed. However, her condition deteriorated and developed septicemia shock with acute renal failure despite board-spectrum antibiotic therapy. Contrast-enhanced computed tomography of abdomen showed normal enhancement of the renal medulla. There was lack of contrast enhancement in the cortex; only a thin rim of enhancement was preserved in the subcapsular region. There was no excretion into the collecting system (Panel A). Renal biopsy performed subsequently revealed features compatible with acute cortical necrosis and acute tubular necrosis.

Acute cortical necrosis is a rare form of acute renal failure characterized by the destruction of the renal cortex with sparing of the renal medulla. The contrast-enhanced computed tomography appearance is pathognomonic and diagnostic: absent specification of the renal cortex and enhancement of subcapsular and juxtamedullary areas and of the medulla without excretion of contrast medium (1,2).

REFERENCES