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Two Separate Situations in Differential Diagnosis in Kidney Stone Cases

Jin Ho Park ¹

¹ Specialist of Urology, Seoul, Republic of Korea

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Dear Editor,

It is mostly easy to diagnose kidney stone cases. In most cases, kidney stones appear as opaque on direct abdominal radiography. However, in some cases, this opacity may be missed on direct radiography due to intestinal gases. If there is a strong suspicion of diagnosis, computed tomography can clearly reveal the stone in the kidney in these cases (1-4).

However, in some cases, kidney stones - although the cause is not clearly explained - most likely cause serious colicky pain, disrupt intestinal motility in the projection areas of the intestine and cause significant gas accumulation in that area. In these very painful colic cases, in addition to this situation - perhaps again in relation to the severity of this pain - there is also spasm in the striated muscles in the kidney projection areas. In short, in these rare cases, if there is no significant burning complaint during urination, two different diagnoses may be confused with or mask the diagnosis of kidney stones as a result of history and physical examination: (i) One of these diagnoses is pain due to excessive intestinal gas. In these cases, the general practitioner may not perform further examination on the patient with the diagnosis of gas pain, but may prescribe a gas-relieving medication and discharge the patient who applies to the emergency department. (ii) The other of these diagnoses is muscle spasm. In these cases, the general practitioner can easily recognize muscle pain when touched during physical examination and can discharge the patient by prescribing medication based on the diagnosis of muscle spasm due to the pain that decreases or increases in severity with movement. In some of the few cases diagnosed with muscle spasm, an interesting story may be encountered. Heat therapy or application with hot water applied to the kidney due to kidney pain may later give way to striated muscle spasm, and this may likewise mask the diagnosis of kidney stones (4-9).

In conclusion, in cases with suspected kidney stones, when the severity of colic pain increases, intestinal gas accumulation or striated muscle spasm may accompany it, and there may be errors in the differential diagnosis based only on anamnesis or

physical examination. This should be taken into consideration in cases where kidney stones are suspected.

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