Paragonimiasis mimicking ureter stone in living kidney donor: a case report

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Background: Extrapulmonary paragonimiasis mainly involve pleural, subcutaneous, cerebral, and spinal infection. Other extrapulmonary paragonimiasis has been reported in hepatic, splenic, abdominal, urinary, and gynecologic organs.

Case report: We report a case of paragonimiasis mimicking ureter stone in living kidney donor. We decided kidney transplantation between the married couple. The living donor was 61-year-old male, and his computed tomography angio abdomen scan showed about 0.6 cm stone at left proximal ureter, and small size periureteral low density lesion at the left proximal ureter. In operation, we found of a lump of soft tissue in periureter, measuring 4.5×4×2.5 cm, yellowish adipose tissue-like appearance. Frozen specimen cut surface showed cystic appearance filled with yellowish necrosis like material, and was diagnosed as parasite infection, morphologically paragonimiasis. Kidney transplantation was done steadily, and postoperative course progressed smoothly. Donor showed positive in *P. westermani* Ab and *Cysticercus* Ab, but recipient showed negative. After further interview, he had history of paragonimiasis and taking praziquantel 15 years ago. We prescribed to her praziquantel 1,800 mg for 3 days. In post-transplant 3 month, her serum creatinine increased from 0.95 mg/dL to 1.57 mg/dL, and sonogram showed hydronephrosis. We decided double J stent insertion through percutaneous nephrostomy, and followed up for 8 months cautiously. Even though waiting, proximal ureter stricture was incurred, and she has been regular double J stent exchange under general anesthesia.

Conclusions: Even if extrapulmonary paragonimiasis involving ureter is very uncommon, the meticulous history taking and examination would be needed in transplantation work up. We would better consider divers diseases for differential diagnosis.

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