

be difficult because of perinephric involvement, fistulous tracts and perinephric abscesses. A wide access to the kidney is advisable with intestinal preparation should an intestinal resection be necessary and in some patients pre-operative anticoagulation therapy may be needed<sup>10</sup>. Nephrectomy has also been motivated by the fact that differential diagnosis with neoplasm may be difficult. For a localized XGP partial nephrectomy is sufficient<sup>3,10,16,30,31,32,33,37</sup>. No recurrences have been documented.

XGP is a disease pathogenetically different from suppurative pyelonephritis. Aetiology is still debated; the main interest areas are increased reports of the condition and difficult pre-operative diagnosis.

## CONCLUSION

**The advances in the imaging techniques C.T. scan, U.S. and M.R.I. will increase the pre-operative diagnostic accuracy, another promising technique is the detection of foam cells in the urine.**

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