Setup of this article.

The medical history is described as it occurred in practice. The comments of experienced clinicians are written down. The clinicians were not aware of the progress of the disease and the final diagnosis. This article is concerned with the didactical value of the described practice.

Consideration

This man with a short medical history, was diagnosed with classical pneumococcal pneumonia, further complicated by a lung abscess, which spread into an ectopic kidney. This led to coughing up urine (also called “uroptoë”) and building up of urine in the pleural cavity (urothorax). When looking at the various comments, it become clear that this case concerns an unlikely complication combined with a rare congenital deviation. Research into PubMed literature, using the search terms “uroptoë” and “uroptysis” did not result in any references. Using the search term “urothorax” resulted in six reference, none of which concerned a thoracic kidney. Building up of urine in the thorax is almost always a result of trauma, or a complication arising from surgery. The search terms “intrathoracic kidney” and “thoracic kidney” resulted in 162 references, of which 55 were related to a ectopic thoracic kidney. Most of the publications refer to casuistic reports regarding 1 or 2 patients at most. In 1988, Donat and Donat created a literature overview of 140 patients. In most cases this concerns a thoracic mass, regardless of the way it was discovered. In some cases the deviation is accompanied by pain. A complication as mentioned in the discussed case was not found. Therefore it’s not strange that the clinicians could not reach a clear understanding of the pathological deviation, even though they diagnosed the coughed up fluid and pleural effusion as urine. Even the experienced clinician could not give a satisfying explanation which was in line with the clinical picture. It’s interesting to read the anatomical, embryological and urological contemplations, even though this did not lead to a final and closing diagnosis. Why the situation of the patient suddenly deteriorated and what the direct cause of death was, remains unclear. In this regard, the result of the autopsy was unsatisfactory. Asphyxiation as a result of the uroptoë, seems to be most fitting explanation.

Follow up

It’s not the first time that a patient suffering from uroptoë, caused by a thoracic kidney and a spreading lung abscess, appears in the Magazine. Some of our readers, especially the older ones, might have experienced a feeling of déjà vu when reading about this case. In 1923 the Magazine published an article written by H. van der Speck, doctor in Karang-Anjar near Semarang, with the title “A case of uroptoë (Een geval van uroptoë)’. Anyone interested in this article can find it as a digital appendix at the website of the Magazine ([www.ntvg.nl](http://www.ntvg.nl/)).

About a year ago, one of us (J.W.M.v.d.M.) tried the search program of the Magazine, to search in the electronic databank with all articles since 1857. He remembered hearing about this specific case and found out that it was easy to find. He though that it was commonly known that this concerned a fabricated case. Reading the original text and taking into account all the described improbable symptoms, seemed to confirm his believe. Taking this as a starting point, we thought it would be worth the effort to see if there were any references to this article in later editions of the Magazine and specifically to see if there was an official retraction of said article, which is usually done in case it’s clear that an article is based on a fabricated case. It became clear that this was not the case. During a meeting of the United Dutch Magazine for Medicine, we asked a number of members, whether or not they were aware of this case and if so, whether or not they knew it was fabricated. It turned out that many were not aware of the case and those that were aware of the case were mostly unaware of the fact that if was fabricated. Some of the experts that were asked to diagnose the medical history seemed to be in doubt: even though the case seemed improbable, it was not deemed impossible. The collected comments were interesting enough for us to decide to process the case into an actual patient discussion as per the formula dictated by the series of articles called “Clinical thinking and decision making in practice”.

It turned out that there was an definitive answer to this case. Prof. Dr. J.K. van der Korst told us that Prof. Dr. A. Querido (1901-1983), emeritus professor of social medicine at the University of Amsterdam, had uncovered all the details regarding this case in his autobiography “Doorgaand verkeer”.

 *“Tomfoolery*

*As was common practice for seniors (we had become fifth-year students at the time), groups were certain shared characteristics were forming, who would study together. If you were lucky enough, there would be an amazing internal stimulating effect within the group. I feel I was lucky enough to be in such a group. We studied all day long; tested each other regarding critical ear symptoms, lists, forms of illnesses, causes of diseases, diagnosis’s (of course no therapy). It might be hard to believe, but 6 weeks before the exam was to take place we were already done studying; There was nothing left to drill.*

*Taking it easy at the start, but growing more enthusiastic as time went on, we started to make up diseases and forms of illnesses. “If one was suffering from this disease, what would be the symptoms?” “If kidney growth (Mesonephros) continued to exist due to an embryological error”, said one of them, “you would see a working kidney across the spine, into the thorax”. “Indeed”, said another, “that side would then have to lack a testis, because the mesonephros forms the efferent ductules of the testis”. “That’s right”, said a third, “and if that half-man suffers from a lung infection, the infection spread into the primitive renal pelvis, resulting in the patient suffering from...”. “Piss cough”: Shouted a former H.B.S. student, after which a former gymnasium student said: ”Uroptoë”. We looked at each other in amazement. Why not? We decided that we should not keep this example of pure science to ourselves. “A case of Uroptoë” deserves a place in the holy annals of the Dutch Magazine of Medicine. We forgot our exam – nothing could be more important – and developed the strategy required to get our brilliant idea published. It quickly became evident that this case could not take place in the Netherlands, because when mentioning a single name our plot would be uncovered. Thankfully we still had our colonies. The East Indies was deemed as the country of origin, which was made easier as one of your group members came from Indonesia and still knew people over there. The clinical case was therefore located in one of the outposts; a health officer was treating an indigenous person that was showing signs of a lung infection. The patient was coughing up large amount of a thin fluid, which turned out to be urine. The man died and the autopsy showed the existence of a persisting primal kidney, ‘an organ in the shape of a sausage within the thorax, of about 15 centimeters long’, connected to the pleura cavity. On the same side of the body, the testis was missing and that half of the body showed female characteristics.*

*The article written by health offer second class Hendriks, was sent to someone in the Indies, with the request to send the article to the editorial department of the Magazine. We contemplated adding an image of the primal kidney by way of a picture of a Gelderse sausage, but we felt this would go too far. We didn’t actually believe that someone working for the Magazine, would fall for this ploy. We felt that we had built in enough clear indications that would show the implausibility of the story. For instance, the laboratory test, that proved the existing of urine in the saliva, was fabricated. The female characteristics on one side of the body was clear nonsense. First lieutenant Hendriks states in his ‘Closure’, in very scholarly fashion, that a persisting primal kidney was ‘rare’, but he could, based on a library located somewhere far away, cite three cases thereof, whereof two were from non-existing medical magazines. In case someone would finally become suspicious and would start asking questions about health officer second class Hendriks, it would be easy to find out that such a person did not actually exist. We went to our exam in a positive mood and forgot all about the indigenous person with his rare disease.”*

It’s clear that Querido did not have easy access to the original article from 1923, when writing his memoires. He ends up giving the writer a different name: “Health Officer second class Hendriks”, instead of Van der Speck. He can hardly be blamed for such an oversight.

As this literature from the old days, has become as accessible as it has, it seems to be the right timing for an official retraction, which will, once and for all, make it clear that this case is fabricated.

The following people were involved in the creation of this manuscript: Dr. R.P. Koopmans, internist, Prof. Dr. J.M. Nijman and Prof. Dr. R.J. Scholtmeijer, child urologists and Prof. Dr. J. Drukker, anatomist.

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