A 51-year-old man presented with fever, chills, and significant weight loss of 6 months’ duration. Three months earlier, the patient had undergone percutaneous nephrolithotomy for right-sided kidney calculus. Computed tomography revealed an 11.6 × 14.9 × 14.9-cm encapsulated multiseptated hypodense mass with enhancing walls and septa and areas of fat density and air in the right suprarenal region, displacing the inferior vena cava. Laparotomy revealed a cystic retroperitoneal mass adhered to the liver, duodenum, and transverse colon. There was a 9 × 8-cm solid mass within the cavity arising from the adrenal gland. Histological examination showed adrenal lipoma. The patient’s symptoms could be explained by the presence of right perinephric abscess, which possibly resulted in after percutaneous nephrolithotomy. Perinephric abscess is a rare complication of percutaneous nephrolithotomy. Adrenal lipoma was an incidental finding complicated by perinephric abscess, which led to a presentation like a large tumor. Although lipomas are benign tumors, surgical excision is recommended even for asymptomatic lesions because of the risk of developing malignancy.

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