61-year-old male presents with bilateral flank pain.

Ryan Joyce, MD Swapnil Bagade, MD

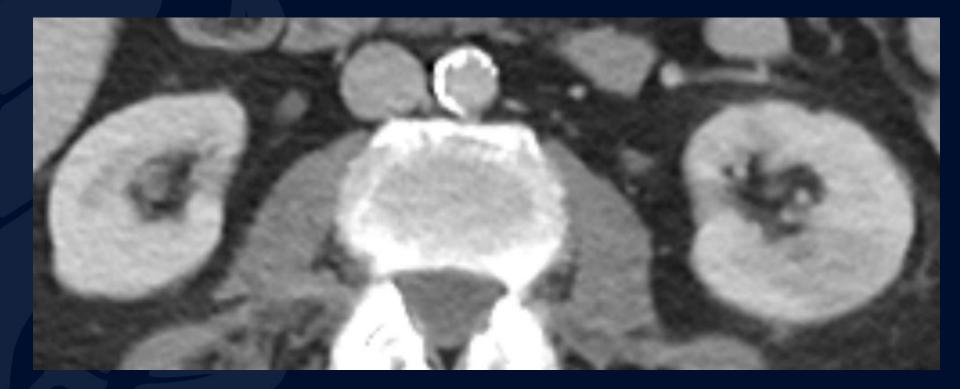






























Acute pyelonephritis (in setting of prior cystectomy with RLQ ileal conduit)





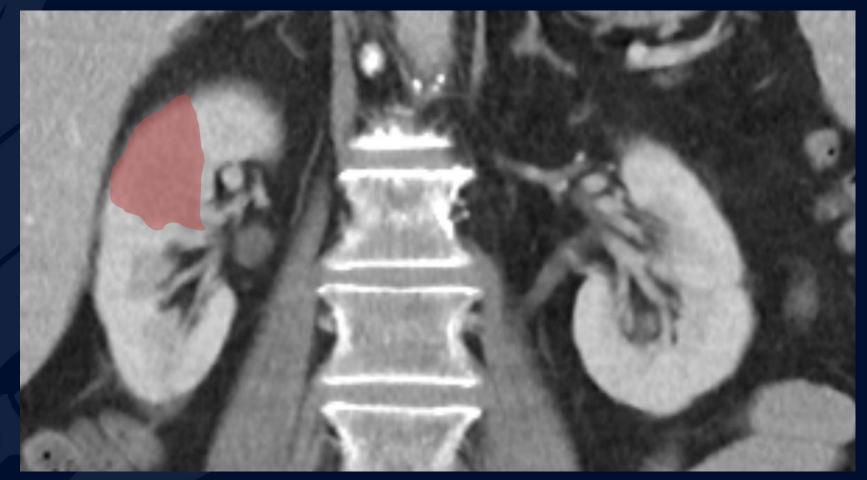




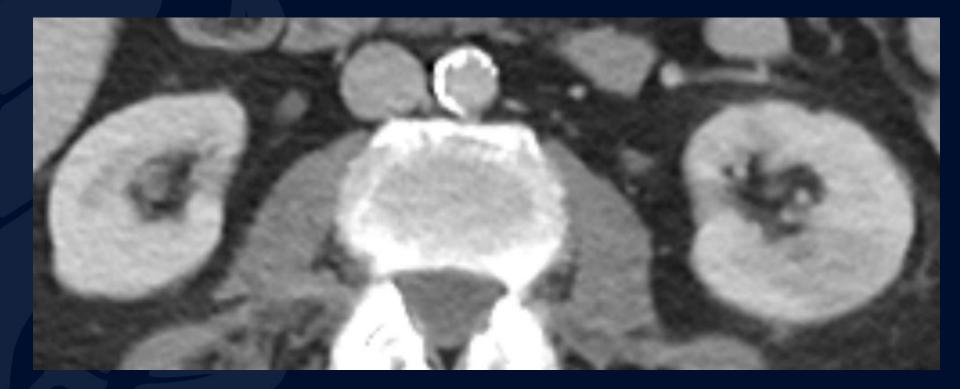




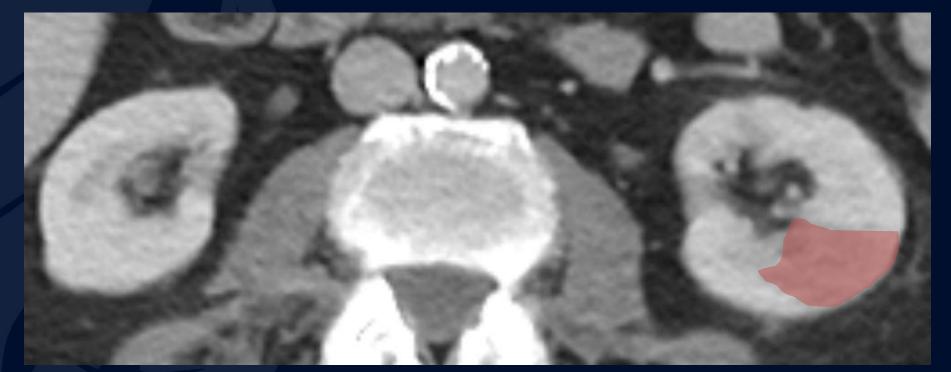




















UCONN HEALTH RADIOLOGY







Absence of urinary bladder s/p cystectomy





RLQ ileal conduit



RADIOLOGY

Acute pyelonephritis

Acute infection of renal parenchyma

- Clinical presentation:
 - Fever, flank pain, CVA tenderness, nausea, vomiting, dysuria.
- Imaging is insensitive, but fairly specific in the appropriate clinical context.
 - On CT, can see wedge-shaped or rounded areas of parenchymal hypoenhancement with perinephric stranding/inflammation. "Striated nephrogram".
 - Best appreciated on nephrographic or excretory phase.
- DDx:
 - Renal infarction
 - Sharply defined wedge-shaped area of absent enhancement
 - May see cortical rim sign (enhancement along periphery from capsular arterial supply)
 - Renal cell carcinoma
 - Renal lymphoma
 - Vasculitis
- Complications:
 - Renal abscess, perirenal abscess, renal scarring, end-stage renal disease



Cystectomy with ileal conduit

Increased risk for UTI and pyelonephritis

- Results in increased urinary stasis allowing for bacterial growth and easier ascension of colonized urine.
- Atypical bacteria more common in this setting.
 - Urine culture in this case grew Klebsiella pneumoniae (<20% frequency) and Morganella morganii (rare, gramnegative rod).



References

 Craig WD et al: Pyelonephritis: radiologicpathologic review. Radiographics. 28(1):255-77; quiz 327-8, 2008

- 2. Stunell H et al: Imaging of acute pyelonephritis in the adult. Eur Radiol. 17(7):1820-8, 2007
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