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

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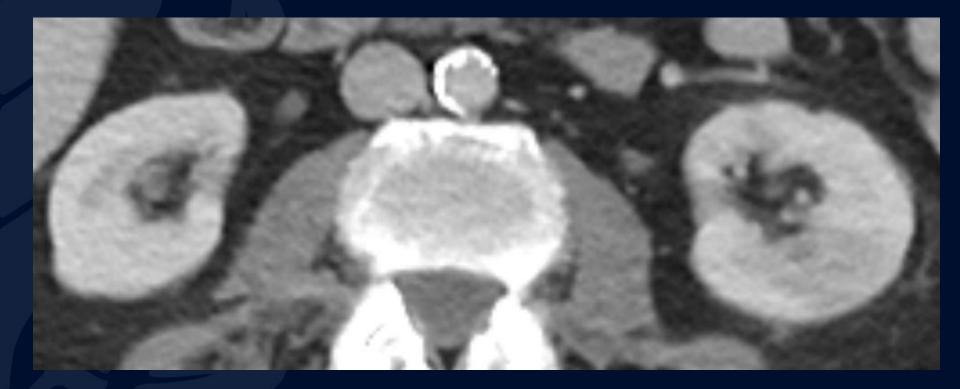












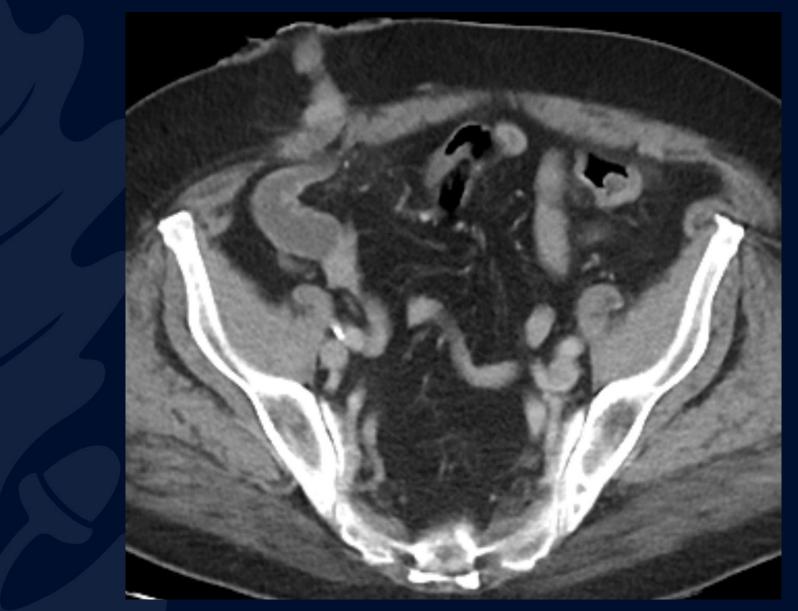
















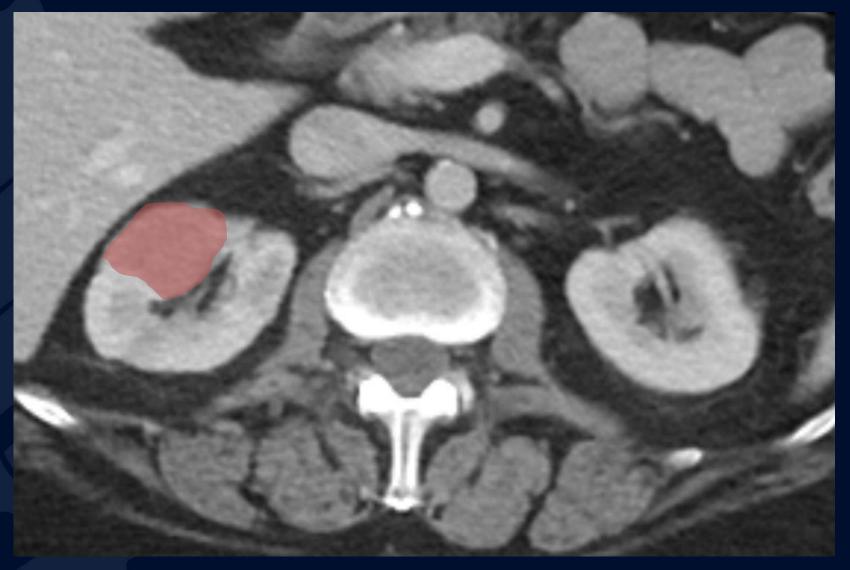


# Acute pyelonephritis (in setting of prior cystectomy with RLQ ileal conduit)





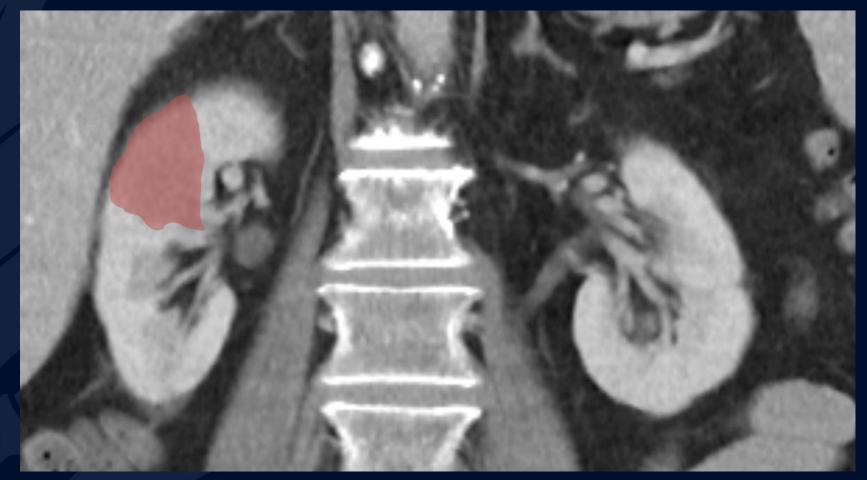




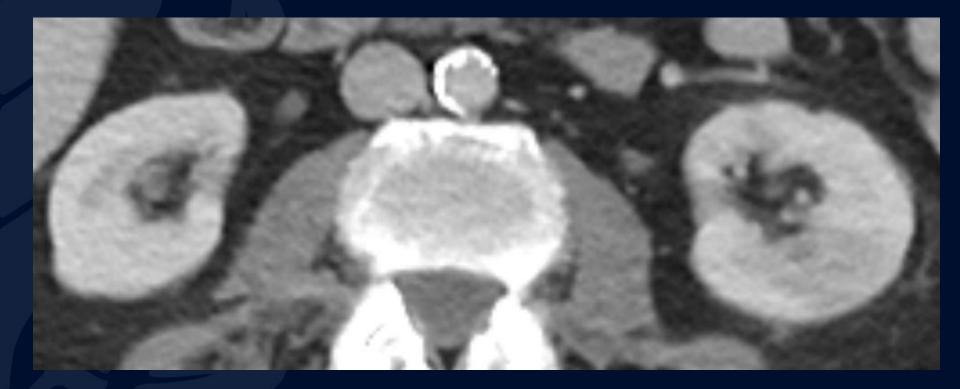




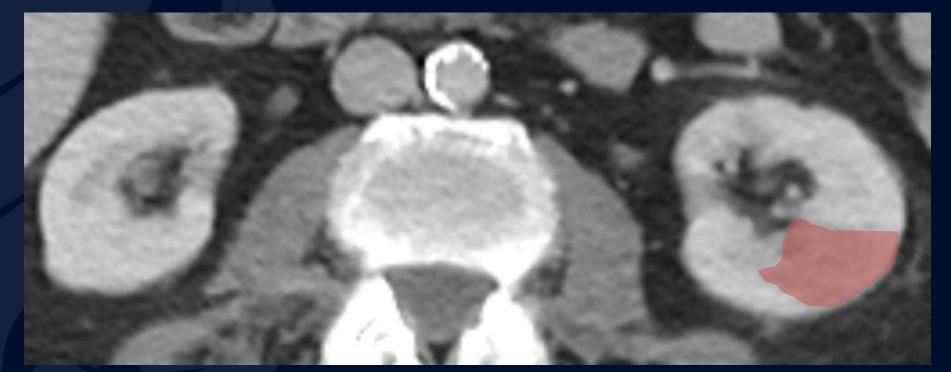
















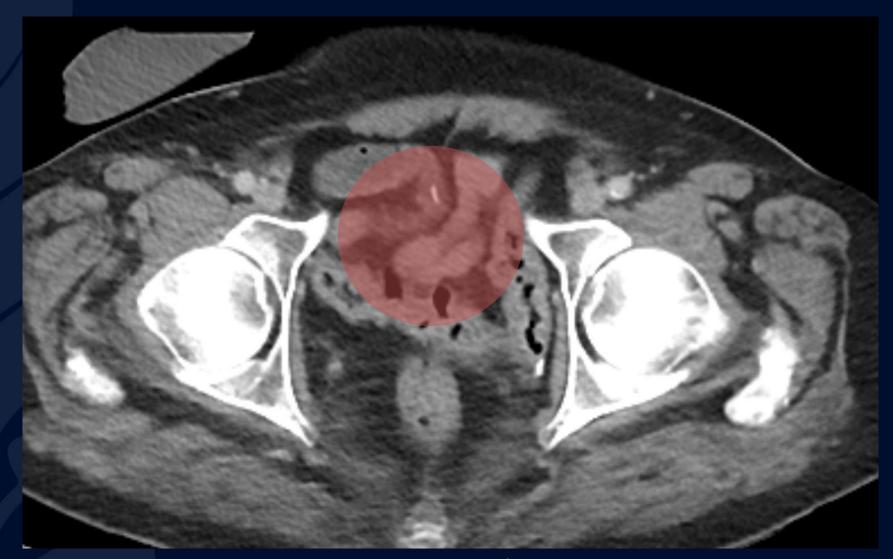




UCONN HEALTH RADIOLOGY







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
- 3. Statdx.com

