



Hepatic-Extension of Emphysematous Pyelonephritis, A Late Complication After an Initial Response

***Corresponding Author(s): Sudhir Mehta**

Department of Nephrology, Maharishi Markandeshwar
Institute of medical Sciences & Research Mullana,
Ambala, Haryana India.
Tel: 918447174546, Fax: 134003;
Email: samsudhir123@yahoo.co.in &
samsudhir123@yahoo.co.in

Received: Jun 15, 2021

Accepted: Jul 09, 2021

Published Online: Jul 12, 2021

Journal: Journal of Clinical Images

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

Copyright: © Mehta S (2021). *This Article is distributed under the terms of Creative Commons Attribution 4.0 International License*

Clinical image description

A 53 year old female presented with complains of fever, vomiting, and right sided flank pain. She has been diagnosed as type 2 diabetes mellitus one month back. On admission to hospital she had leukocytosis with WBC of 17800 per cubic per cubic millimeter. The blood urea nitrogen 108 mg perdeciliter, creatinine 6.2 mg per deciliter, C-reactive protein level 37.8 mg per deciliter. Her abdominal radiography (Figure 1) revealed gas collection in the renal parenchyma and computed tomography (Figure 2) revealed air fluid level in parenchyma and perinephric space of right kidney. Diagnosis of emphysematous pyelonephritis was made with stage 3a on NCCT KUB. Her blood and urine cultures, grown klebsiella pneumoniae. The patient was treated with antibiotics and percutaneous drainage of abscess. Her infection was resolved, and renal function gradually nor-

malized (creatinine to 0.9 ml per deciliter). But after 4-5 days patient again developed high grade fever. Repeat NCCT KUB was done to look for any residual collection, which revealed sub hepatic extension of the collection (Figure 3). IV antibiotics were upgraded and percutaneous drainage of collection was done. The patient gradually improved, fever subsided and gradually collection resolved and patient improved. Patients with severe EPN often present in extremis and require intensive medical treatment. The diagnosis must be entertained in diabetic women presenting with flank pain and septicemia [1,2,3]. After an initial response worsening of infection should to the search for the development of late complication in form of sub hepatic extension. Timely conservative management can lead to kidney salvage and patient survival.



Cite this article: Mehta S. Hepatic-Extension of Emphysematous Pyelonephritis, A Late Complication After an Initial Response. J Clin Images. 2021; 4(1): 1094.



Figure 1

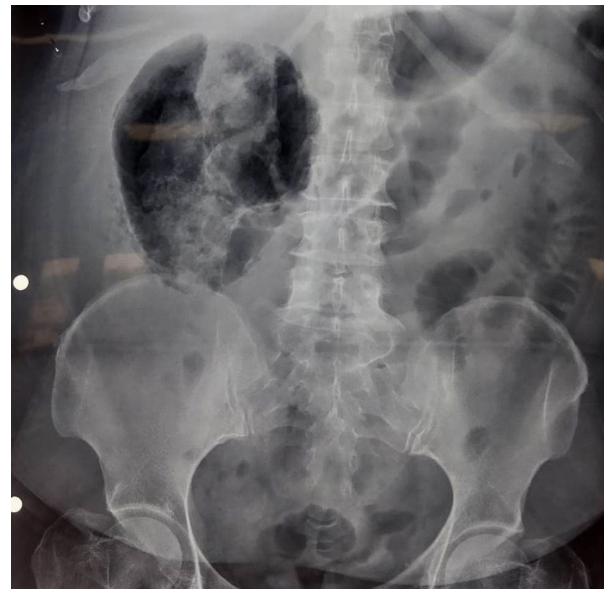


Figure 3

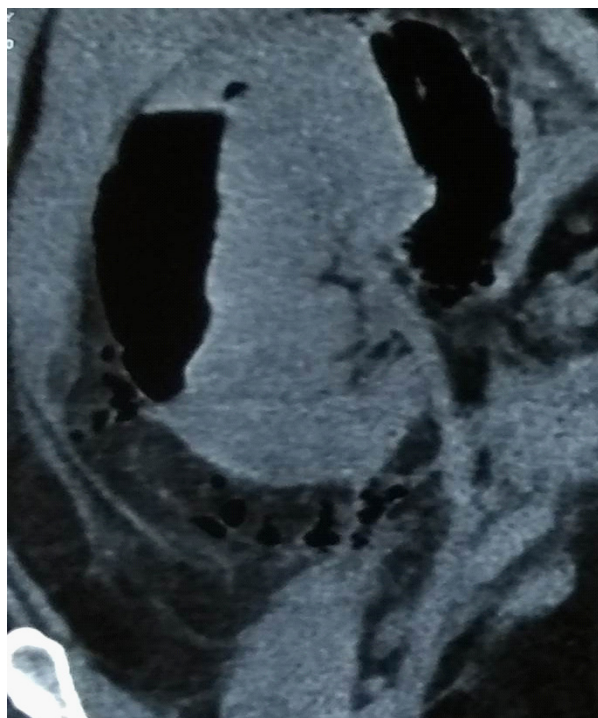


Figure 2

References

1. Mahesan T, Reddy U, Chetwood A, Emara A. Emphysematous pyelonephritis: A review of a rare condition. *Current Bladder Dysfunction Reports*. 2015; 10: 207-211.
2. Huang JJ, Tseng CC. Emphysematous pyelonephritis: Clinicoradiological classification, management, prognosis, and pathogenesis. *Archives of Internal Medicine*. 2000; 160: 797-805.
3. Misgar RA, Mubarik I, Wani AI, Bashir MI, Ramzan M, et al. Emphysematous pyelonephritis: A 10-year experience with 26 cases. *Indian journal of endocrinology and metabolism*. 2016; 20: 475.