

EMPHYSEMATOUS PYELONEPHRITIS

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A 60 years old female with history of diabetes since 10 years on irregular treatment presented with the complaints of abdominal pain, fever and dysuria. There was tenderness over both renal angles. Her laboratory profile revealed Hb 9.86%; TLC 16200/mm³; DLC P79, L21, E0, B0, M0; ESR 45 mm at the end of first hour, Random blood sugar 270 mg%; urine for ketone bodies negative. Urine examination revealed many pus cells with positive culture for E.coli. X-ray chest and Plain X-ray abdomen were non contributory. Ultrasound abdomen revealed enlargement of both kidneys with right kidney measuring 11.9 cm and left kidney 13.3 cm in size as well as presence of dirty echoes due to air in both kidneys involving pelvicalyceal systems. These findings were consistent with the diagnosis of bilateral emphysematous pyelonephritis (See photographs). As the patient had uncontrolled diabetes, so she was

considered high risk case of surgery. Hence she was started on Ceftriaxone I/V for 4 weeks along with insulin and supportive therapy. She responded dramatically to treatment and was discharged in satisfactory condition with the decrease in renal size on repeat ultrasound abdomen. But she was lost on subsequent follow up. Emphysematous pyelonephritis is a necrotising infection of the renal/ultrasound parenchyma with gas formation classically seen in diabetic patients. Most common etiologic agent is E.coli. X-ray abdomen shadow within the kidney shows air in 33% of cases only. Although CT abdomen is the investigation of choice, yet the patient refused for it. Treatment is nephrectomy under good antibiotic cover. Sometimes the condition may respond to prolonged antibiotic treatment alone. This condition should be suspected in any patient with pyelonephritis not responding to antibiotics within 48 hours.



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