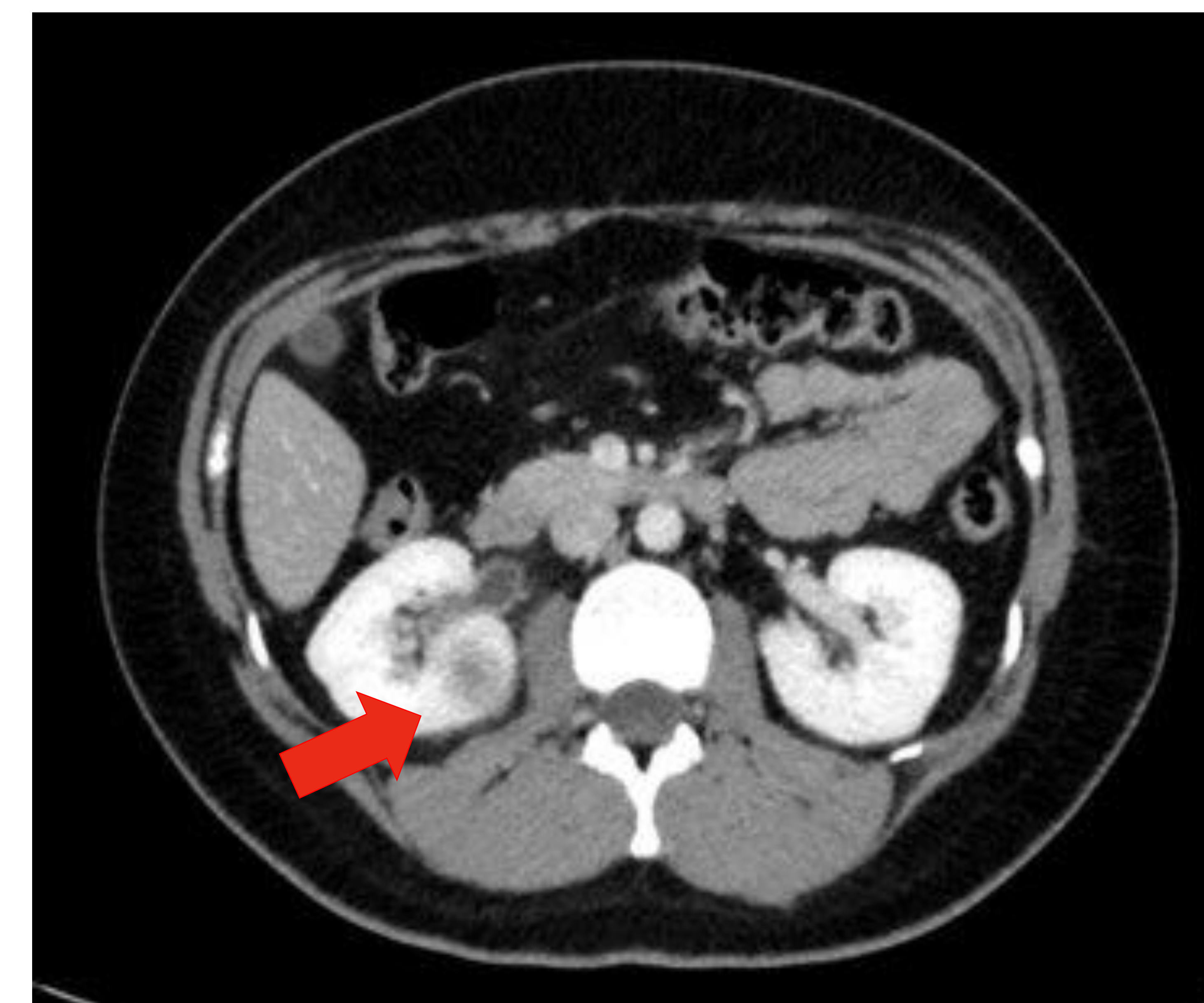
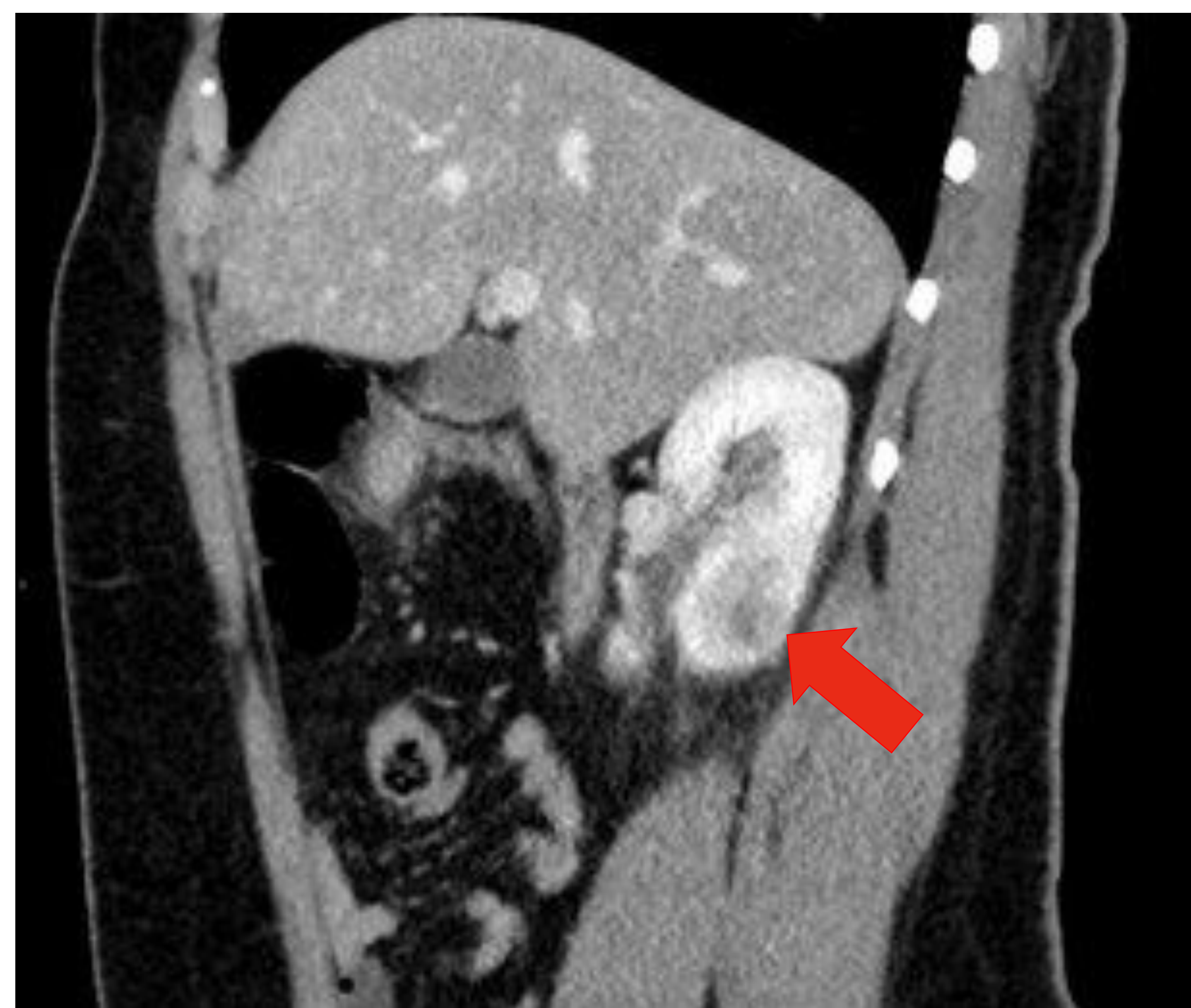


Introduction

- Acute lobar nephronia (ALN) = nonsuppurative, focal acute kidney infection
- Stage between pyelonephritis and renal abscess
- Improved diagnosis with imaging advances
- A correct diagnosis of ALN prevents complications such as renal scarring or renal dysfunction.



CT A/P: focus of hypoattenuation within the right kidney with ureteral enhancement

Case

- 23-year-old woman with RLQ abdominal pain, right flank pain, fever, chills and nausea for three days. Denies dysuria or urinary frequency.
- CT abd/pelvis with contrast
- Urine cx: Pan susceptible +E. coli
- Treatment:
 - Initial IV ceftriaxone
 - 14 total days of abx with Levofloxacin

	Pyelonephritis	Lobar Nephronia	Renal Abscess
Presentation	Fever, flank pain, nausea, vomiting, dysuria, costovertebral tenderness		
Imaging (CT with contrast)	<ul style="list-style-type: none"> • Imaging reserved for high-risk patients (severely ill, persistent sx's with abx, suspected urinary obstruction) • Localized hypodensity 	Wedge shaped hypodensity with ill-defined borders	Intrarenal walled off cavities, a rim of hyperdensity
Treatment	<ul style="list-style-type: none"> • IV vs PO • 5-10 days abx 	<ul style="list-style-type: none"> • Initial IV abx • 2-3 weeks of abx 	<ul style="list-style-type: none"> • Initial IV abx • 2-3 weeks of abx • Drainage for abscess diameter >5cm