### A Case Report of Acute Lobar Nephronia

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#### 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.

#### 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

#### Imaging (CT with contrast)

<table>
<thead>
<tr>
<th>Pyelonephritis</th>
<th>Lobar Nephronia</th>
<th>Renal Abscess</th>
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</thead>
<tbody>
<tr>
<td><strong>Presentation</strong></td>
<td>Fever, flank pain, nausea, vomiting, dysuria, costovertebral tenderness</td>
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<tr>
<td><strong>Imaging</strong></td>
<td>• Imaging reserved for high-risk patients (severely ill, persistent sx with abx, suspected urinary obstruction)</td>
<td>Wedge shaped hypodensity with ill-defined borders</td>
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<tr>
<td><strong>Treatment</strong></td>
<td>• IV vs PO</td>
<td>• Initial IV abx</td>
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<td></td>
<td>• 5-10 days abx</td>
<td>• 2–3 weeks of abx</td>
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CT A/P: focus of hypoattenuation within the right kidney with ureteral enhancement