

Case Report: Bilateral Emphysematous Pyelonephritis: Failure of Conservative Management

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Abstract

Urinary tract infection is a very frequent reason for emergency room visits. Emphysematous pyelonephritis is a severe form of the disease and corresponds to a necrotic infection of the kidney and the upper urinary tract. Bilateral involvement is very rare but severe with a high mortality rate.

Keywords: emphysematous; pyelonephritis; bilateral

Introduction

Urinary tract infection is a very frequent reason for emergency room visits. Emphysematous pyelonephritis is a severe form of the disease and corresponds to a necrotic infection of the kidney and the upper urinary tract. Bilateral involvement is very rare but severe with a high mortality rate. The positive diagnosis is easy to make on CT and must be made quickly in order to allow rapid management using different approaches, which must be correlated with the patient's clinical conditions

CLINICAL PRESENTATION

We report the case of a 62-year-old female, admitted to the emergency room following the occurrence of a consciousness disorder. The family revealed a history of type 2 diabetes for more than twenty years, poorly balanced with a notion of poor compliance. The onset of the symptoms

was one week ago, with a progressive deterioration of the patient's general condition marked by asthenia. The initial evaluation showed a Glasgow Coma Scale (GCS) of 10/15, a blood pressure of 65/27mmHg which could not be corrected by adequate filling and required the use of vasoactive drugs, a saturation of 90% on room air, a polypnoea of 30 cycles/min, and anuria. The biological work-up revealed a hyperleukocytosis of 31×10^9 elements/l, a CRP of 365mg/l as well as acute renal failure with a urea of 1.03g/l and a creatinine of 42.6mg/l. In the face of this state of shock, with no obvious infectious focus, a CT scan of the abdomen and pelvis revealed gas in both renal parenchyma, more marked on the right, making the diagnosis of bilateral emphysematous pyelonephritis or stage 4 of Huang and Tseng (figure 1).

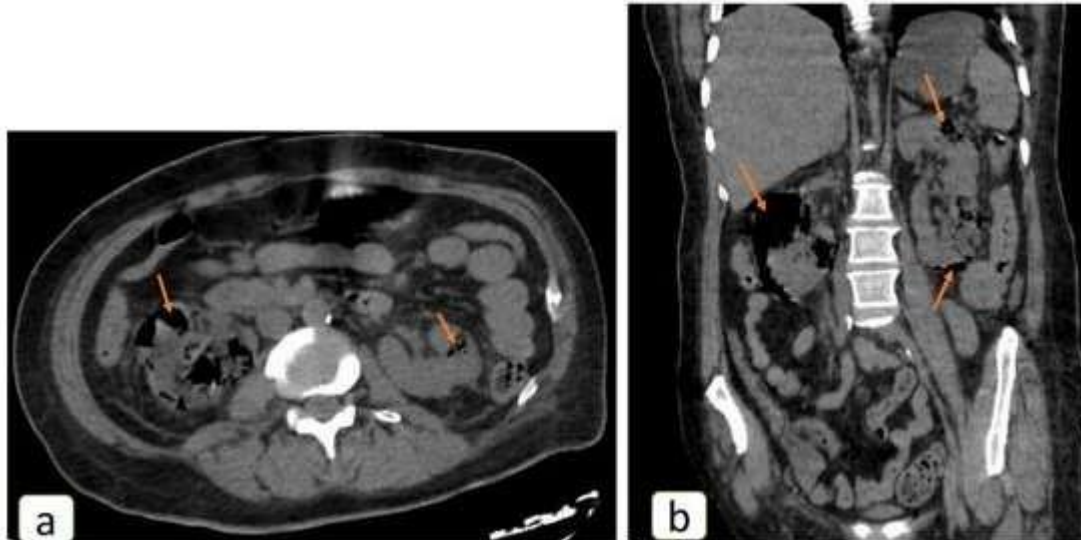


Figure 1: Abdominal and pelvic CT no enhanced scan in axial section (a) and coronal reconstruction (b), in a 62-year-old woman followed for type 2 diabetes, admitted to the emergency room in a state of shock; showing the presence of gas (arrows) in the right and left renal parenchyma posing the diagnosis of emphysematous pyelonephritis of stage 4.

The patient was admitted to an intensive care unit with a therapeutic strategy of Bilateral involvement is rare and severe . In this form, the clinical presentation resuscitation measures and broad spectrum probabilistic antibiotics. She is dominated by a severe infectious syndrome leading to septic shock with underwent bilateral percutaneous drainage of kidneys, as well as haemodialysis visceral failures that cloud the prognosis. The management of emphysematous sessions to correct the hydroelectrolytic disorders. The evolution was marked by pyelonephritis is based on effective resuscitation with the introduction of a worsening of the infectious state with an increasing need for vasoactive drugs antibiotic therapy, restoration of blood sugar control and correction of and the occurrence of death after 48 hours as a result of septic shock.

DISCUSSION

Emphysematous pyelonephritis is a necrotic bacterial infection of the upper nephrectomy. This concept has come up against a number of constraints, notably urinary tract characterised by the presence of gas within the renal parenchyma the condition of patients who are often unstable enough to withstand a major or excretory tract. The most common bacterium involved is *Escherichia Coli*, operation, not to mention the comorbidities associated with nephrotomy, but other bacteria such as *Klebsiella*, *Proteus* and *Streptococcus* may be especially in bilateral forms. This has led to the development of a conservative involved. The main risk factors are unbalanced diabetes and urinary tract strategy which seems to be effective, especially in the less severe forms [3], thus obstruction [1]. Clinically, it manifests itself as pyelonephritis, with back pain, allowing the preservation of the nephron capital. In our patient with bilateral fever, and on physical examination, snowy crepitations in the flank. CT is the involvement, an emergency double nephrectomy was not possible because of gold standard for the diagnosis of emphysematous pyelonephritis and for the risk of mortality during operation, not to mention the post-operative assessing the extent of the lesions. It reveals gaseous deposits within the comorbidities. Conservative treatment was therefore chosen first in the hope of excretory tract or renal parenchyma that may extend into the surrounding spaces. even a minimal improvement in clinical condition, which would have allowed a There are several radiological classifications including that of Huang and Tseng reassessment of the state of the kidneys. The response to conservative treatment which distinguishes 4 radiological stages [2]:

- Stage 1: gas in the excretory tract only;
- Stage 2: gas in the renal parenchyma without extension into the extrarenal space;
- Stage 3A: gas extension or abscess in the peri-renal space
- Stage 3B: gas extension or abscess in the para-renal space
- Stage 4: bilateral emphysematous pyelonephritis or gas in solitary presentations; Thus, early treatment at an early stage is desirable to reduce mortality and morbidity

CONCLUSION

Emphysematous pyelonephritis is a medical and surgical emergency. Rapid diagnosis by CT scan is essential for early initiation of treatment. Conservative treatment should be considered in the first instance, especially in the bilateral form, but in case of non-improvement or extensive destruction of the renal parenchyma, surgery remains the last line of defence to preserve the patient's vital prognosis.

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