Kidney Infection (Acute and Chronic Pyelonephritis) — Symptoms and Treatment

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Bacterial infection is the most common cause of pyelonephritis. Acute complicated pyelonephritis is an acute emergency and needs immediate treatment with intravenous antibiotics. Infection in acute pyelonephritis is usually due to ascending infection, or due to hematogenous infection. Chronic pyelonephritis is characterized by the presence of recurrent infections, usually due to structural and functional anomalies in the genitourinary tract. Clinical features include fever and abdominal flank pain with or without symptoms of cystitis. WBC casts are the characteristic findings seen in the urine analysis. Fluoroquinolones and cephalosporins are the mainstay in the treatment of pyelonephritis. Prognosis is excellent in uncomplicated pyelonephritis, while it is poor in emphysematous pyelonephritis.

Definition of Kidney Infection

Bacterial infection of the kidney (involving tubules, renal pelvis and interstitium) results in pyelonephritis. Presentation is usually either acute or chronic. Acute pyelonephritis results either from ascending infection or from hematogenous spread, and chronic pyelonephritis generally is due to chronic recurrent infections secondary to urinary reflux, or obstruction in the genitor urinary tract.
Epidemiology of Kidney Infection

Acute pyelonephritis is common in pregnant females who are diagnosed with asymptomatic bacteriuria. Incidence of chronic pyelonephritis is common in children as they are associated with vesicoureteric reflux disease.

Classification/Types of Kidney Infection

1. **Acute pyelonephritis**: It is an acute medical emergency. If untreated, it can progress to abscess, sepsis and organ failure. Urinary tract infections (UTIs) due to Escherichia coli, Proteus mirabilis, Klebsiella most commonly predispose through ascending route. Hematogenous infection is usually due to Staphylococcus aureus.

2. **Chronic pyelonephritis**: It is due to recurrent bacterial infections and is seen predominantly in children with anomalies of the genitor urinary tract. Vesicoureteric reflux in these patients results in chronic infections. Chronic pyelonephritis eventually leads to scarring of the kidney.

Pathophysiology of Kidney Infection

Acute Pyelonephritis

E. coli, Proteus and Pseudomonas are the organisms associated with urinary tract infections. E. coli is the most common organism involved in the acute pyelonephritis. The routes of infection are either a hematogenous route or ascending infection route.

1. **Ascending Infection**

Ascending infection with E. coli is by far the most common cause of acute pyelonephritis. Favourable urothelium aids in the attachment of the bacteria. Instrumentation, especially with cystoscopy and catheterization, predisposes ascending infection to the bladder followed by renal pelvis. Short urethra and close proximity of the urethra to the rectum favors the infection. Urine present in the bladder is usually sterile unless it is contaminated by ascending infection. The infection gradually ascends from the bladder to the renal pelvis and kidney and results in acute pyelonephritis.

2. **Hematogenous Spread**
Hematogenous spread is usually uncommon. It occurs due to *staphylococcus* and *E. coli* infection. It results in the seeding of the bacteria in the kidney, which can result in pyelonephritis.

**Chronic Pyelonephritis**

The causes for pyelonephritis include:

1. **Vesicoureteric reflux**
   - Primary vesicoureteric reflux is seen in patients where the pathology is primarily in the urethrovesical junction. In normal individuals, usually there is normal closure of the intravesical part of the ureter. Incompetent urethrovesical junction leads to the reflux of the urine into the ureters and renal pelvis resulting in the vesicoureteric reflux.
   - Secondary vesicoureteric reflux develops in patients with neurogenic bladder.

2. **Urinary tract obstruction**
   - Lower urinary tract obstruction is the predominant cause of chronic pyelonephritis, which can be due to benign prostatic hyperplasia and renal calculus.

**Renal Papillary Necrosis**

It is a variant of pyelonephritis, which is predominantly seen in diabetics. It is characterized by the involvement of the renal papilla, called as papillary necrosis. It is characterized by the presence of ischemic and suppurative necrosis at the tip of the renal papilla.

Conditions showing renal papillary necrosis:

- Diabetes mellitus
- NSAIDs abuse
- Acute pyelonephritis
- Sickle cell trait

**Emphysematous Pyelonephritis**

In some diabetic patients, there is a severe form of pyelonephritis. It shows accumulation of gas in the renal and perinephric patients. Prognosis is poor in emphysematous pyelonephritis.

**Xanthogranulomatous Pyelonephritis**

Chronic infection associated with urinary tract obstruction (usually by staghorn calculi) results in suppurative infection of the kidney. Histopathological changes shows infiltration by lipid laden macrophages.
Clinical Examination and Symptoms of Kidney Infection

Acute Uncomplicated Pyelonephritis

Classic triad of symptoms of acute uncomplicated pyelonephritis includes:

- Fever
- Costovertebral tenderness
- Nausea/vomiting

It is usually associated with symptoms of cystitis, which include increased frequency, urgency, dysuria and supra pubic tenderness.

Acute Complicated Pyelonephritis

Uncomplicated pyelonephritis, in the presence of any of the following associations, is considered as complicated pyelonephritis:

- A recent history of urinary tract instrumentation
- Diabetes
- Pregnancy
- Multi-drug resistant pathogens
- Urinary tract obstruction
- Recent history of hospitalization
Renal abscess, emphysematous pyelonephritis and papillary necrosis results due to complicated pyelonephritis.

**Chronic Pyelonephritis**

A past history of acute pyelonephritis is usually present. Chronic and recurrent infections can predispose to hypotension in children. In children, symptoms such as fever, lethargy, flank pain and nausea may be present.

**Diagnosis & Laboratory Investigations of Kidney Infection**

**Blood and Urine Examination in Pyelonephritis**

- Acute pyelonephritis classically shows the presence of **WBC casts**, hematuria along with pyuria and bacteriuria.
- **Blood** investigations show increased serum creatinine levels. A complete blood picture shows the characteristic increase in the number of eosinophils.

**Gross and Histopathology Findings in Pyelonephritis**

**Acute Pyelonephritis**

It is characterized by the presence of a focal abscess formation in the cortex and medulla. The lower pole of the kidney is relatively spared; renal tubules show characteristic micro abscess.

**Chronic Pyelonephritis**

Scarring of the glomeruli and tubular atrophy are characteristic of chronic pyelonephritis. Presence of increased eosinophilic substance in the tubules (due to atrophy) is seen. This characteristically resembles the thyroid tissue on histopathological examination. This process of deposition of eosinophilic substance in the tubule is called as thyroidisation.

**Radiological Investigations**

- Voiding cystourethrogram helps in the diagnosis of the vesicoureteric reflex.
- CT scanning is the investigation of choice whenever there is suspicion of any obstruction or the presence of any congenital anomalies.
- On intravenous pyelogram, typical cortical scars with blunt calyces are seen.

**Treatment of Kidney Infection**

**Treatment of Acute Pyelonephritis**

Acute complicated pyelonephritis requires treatment with intravenous cephalosporins, followed by oral fluoroquinolones. Oral fluoroquinolones would, alone, be sufficient in uncomplicated pyelonephritis.
Treatment of Chronic Pyelonephritis

Prevention of the reflex uropathy in childhood forms the corner stone in the management of chronic pyelonephritis. It might require surgical correction, based on the grade of the vesicoureteric reflex. Almost all cases of VUR should be tried on medical therapy. Hypertension should be treated by the administration of angiotensin receptor blockers.

Prognosis of Kidney Infection

Acute uncomplicated pyelonephritis has excellent prognosis and complete recovery is seen. Emphysematous pyelonephritis in diabetics shows very poor prognosis irrespective of the treatment. Chronic pyelonephritis in children, due to vesicoureteric reflux, usually resolves spontaneously and only a few need surgical correction. Complications of chronic pyelonephritis includes focal glomerulosclerosis, renal scarring which progress gradually to end-stage renal failure.

Review Questions

The answers are below the references.

1. The most common cause of acute pyelonephritis is?
   A. Ascending infection with E. coli
   B. Pseudomonas
   C. Listeria
   D. Clostridium perfringens
   E. Salmonella

2. Renal papillary necrosis is predominantly seen in?
   A. Alcoholics
   B. Diabetics
   C. Tuberculosis patients
   D. Melanoma patients
   E. Hypertensive patients

3. Which of the following class of drug is most appropriate in uncomplicated pyelonephritis?
   A. Fluoroquinolones
   B. NSAIĐs
   C. Tetracyclines
   D. Beta blockers
   E. Penicillins

References

