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LETTER TO THE EDITOR

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FDG PET diagnosis of septic kidney in a renal transplant patient

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Sir: Localization of septic foci is often difficult. We would like to report on our recent experience with a 61-year-old patient who was admitted with fever and rising serum creatinine (from 180 to 450 μmol/l). Having suffered from end-stage renal disease due to Balkan nephropathy since 1992, he received a kidney transplant in 1994. Because of oliguric renal failure, he now needed hemodialysis. The biopsy of the kidney transplant disclosed purulent bacterial interstitial nephritis. He was treated with piperacillin, tazobactam, and gentamicin. After discontinuation of antibiotics, fever reappeared. Escherischia coli infection was diagnosed, but no focus could be found by ultrasonography, or computed tomography. Only by 18F-fluorodeoxyglucose positron emission tomography (FDG PET) could a renal abscess of the original right kidney be disclosed (Fig. 1). The infected original right kidney was removed by nephrectomy. The patient's clinical condition immediately improved, serum creatinine returned to 210 μmol/l, and he could be discharged.

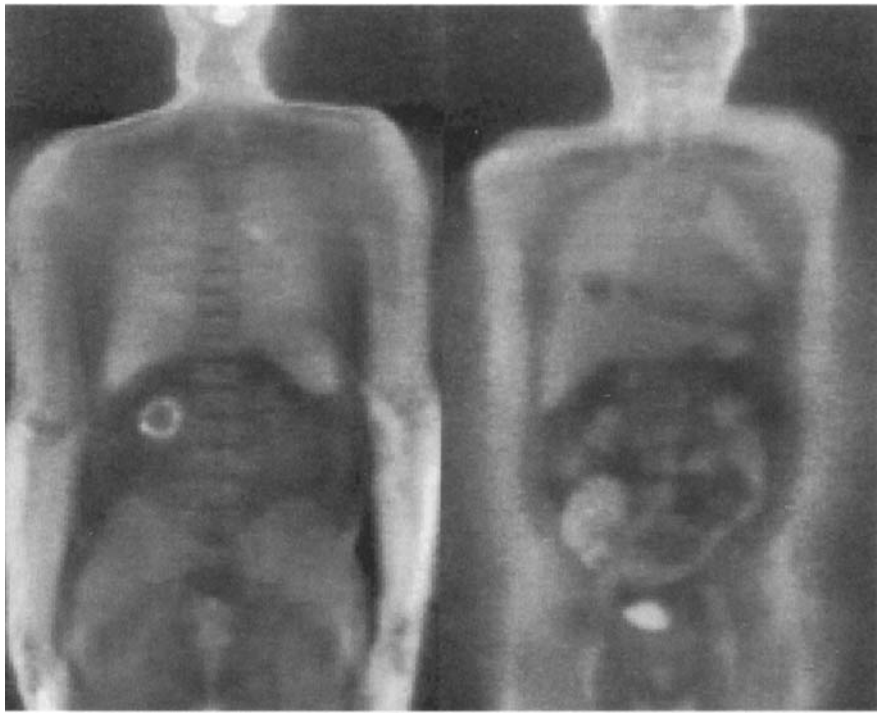

Fig. 1 The septic focus in the original right kidney *(left)* was diagnosed by FDG PET. Kidney transplant still eliminated FDG *(right)*

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