

[ PICTURES IN CLINICAL MEDICINE ]

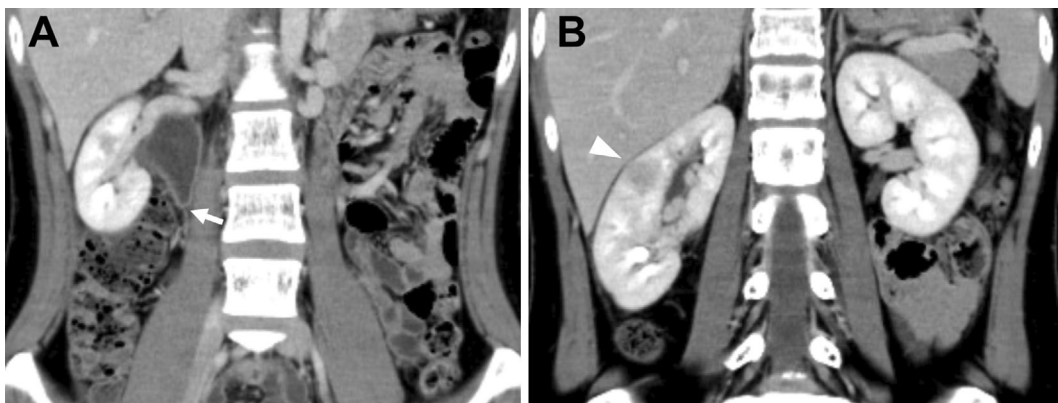
## Ureteropelvic Junction Obstruction Underlying Pyelonephritis in an Adult

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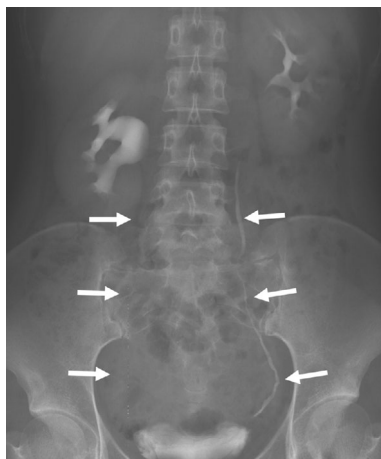
**Key words:** hydronephrosis, ureteropelvic junction obstruction, pyelonephritis

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**Picture 1.**



**Picture 2.**

A 24-year-old woman presented to the emergency department with diffuse right abdominal colic pain, fever, and shaking chills. Computed tomography revealed right hy-

dronephrosis with attenuation at the ureteropelvic junction (UPJ) transition zone (Picture 1A, arrow). In addition, a poorly defined area of decreased density was detected within the right kidney (Picture 1B, arrowhead). No underlying cause of the hydronephrosis (*e.g.*, calculus or a urothelial mass) was observed. She was diagnosed with acute complicated pyelonephritis accompanied by UPJ obstruction. An intravenous pyelogram demonstrated a dilated extrarenal pelvis with delayed excretion in the right kidney (Picture 2, arrow). We did not find either any acquired or extrinsic causes of UPJ obstruction.

Although UPJ obstruction is the most common prenatally detected disease, it may also affect adults (1). Recurrent urinary tract infections, as well as severe abdominal pain and an impaired split renal function, are among the indications for surgical intervention for UPJ obstruction. If left untreated, UPJ obstruction can result in renal impairment (2). In this case, we selected conservative follow-up and paid attention to the abovementioned indications for surgical intervention.

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**The authors state that they have no Conflict of Interest (COI).**

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### **References**

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