

IS ACUTE FOCAL NEPHRITIS AN UPPER URINARY TRACT INFECTION WITH PROPER CLINICAL ENTITY?

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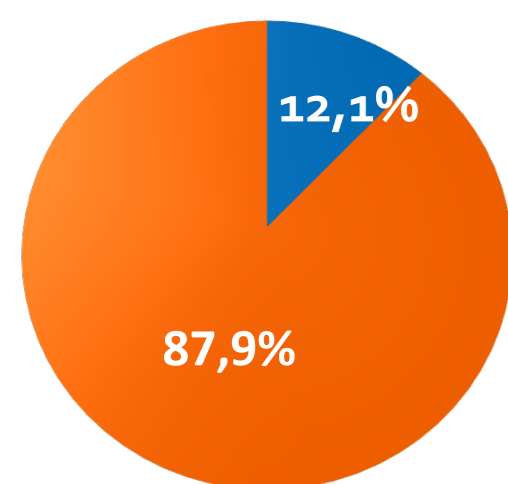
**OBJETIVES:** Unlike uncomplicated pyelonephritis, except for pediatric population, data related to the clinical-epidemiological spectrum of acute focal nephritis is scarce. Our objective is to analyse clinical, epidemiologic and prognostic characteristics of acute focal nephritis (AFN) compared to acute pyelonephritis (AP).

**METHODS:** Descriptive, retrospective, cross-sectional study which included 495 patients older than 14 years, diagnosed with AP based on IDSA criteria, in a tertiary hospital between January 2009 and December 2014. AFN were considered in patients diagnosed of AP with focal lesion in abdominal ultrasound or CT. Patients with renal abscess or ectasia > grade II were excluded. All AFN patients were treated for a period equal to or greater than 21 days.

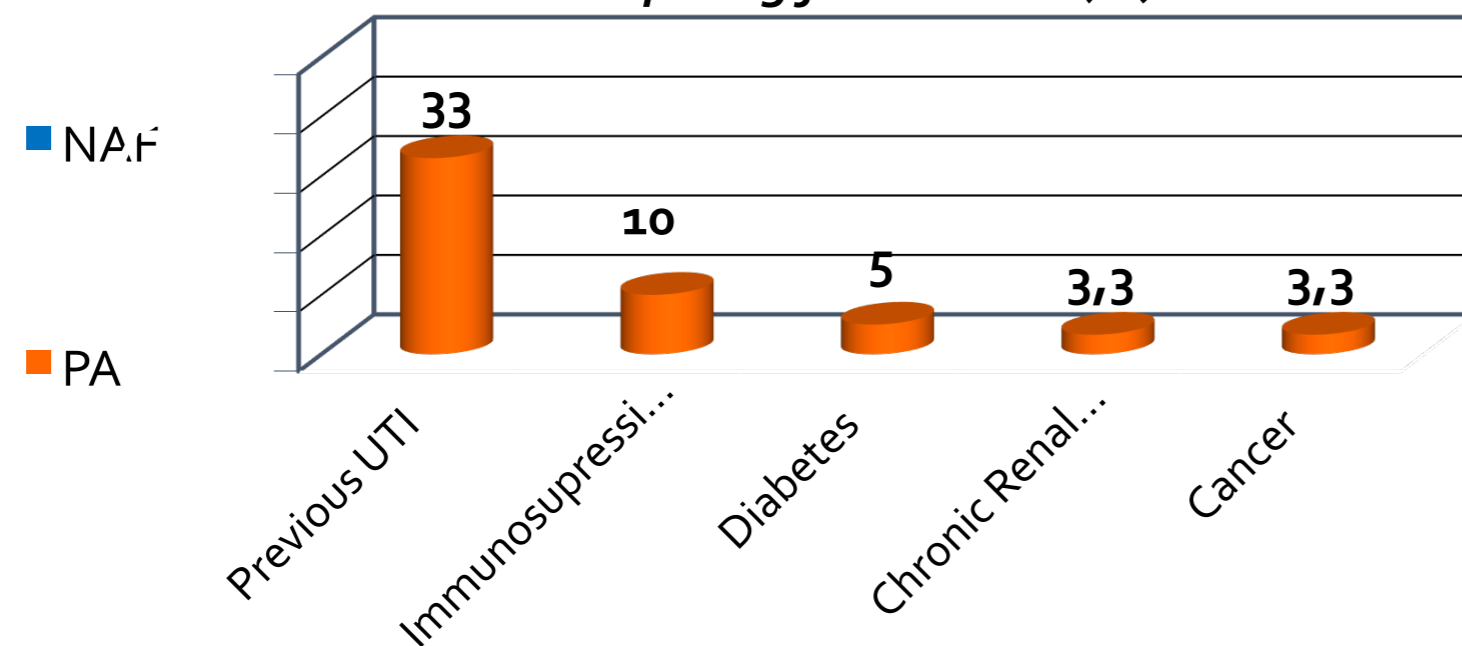
**RESULTS**

Average age was 41,1±19,6 years.  
81,7% were women.

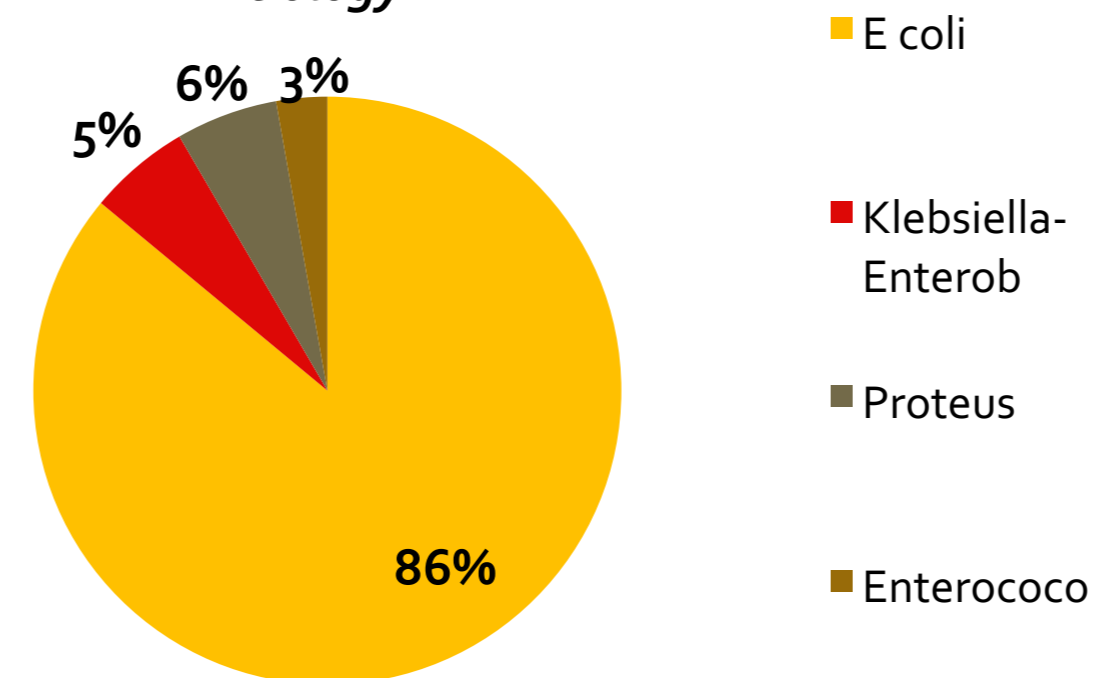
AFN prevalence



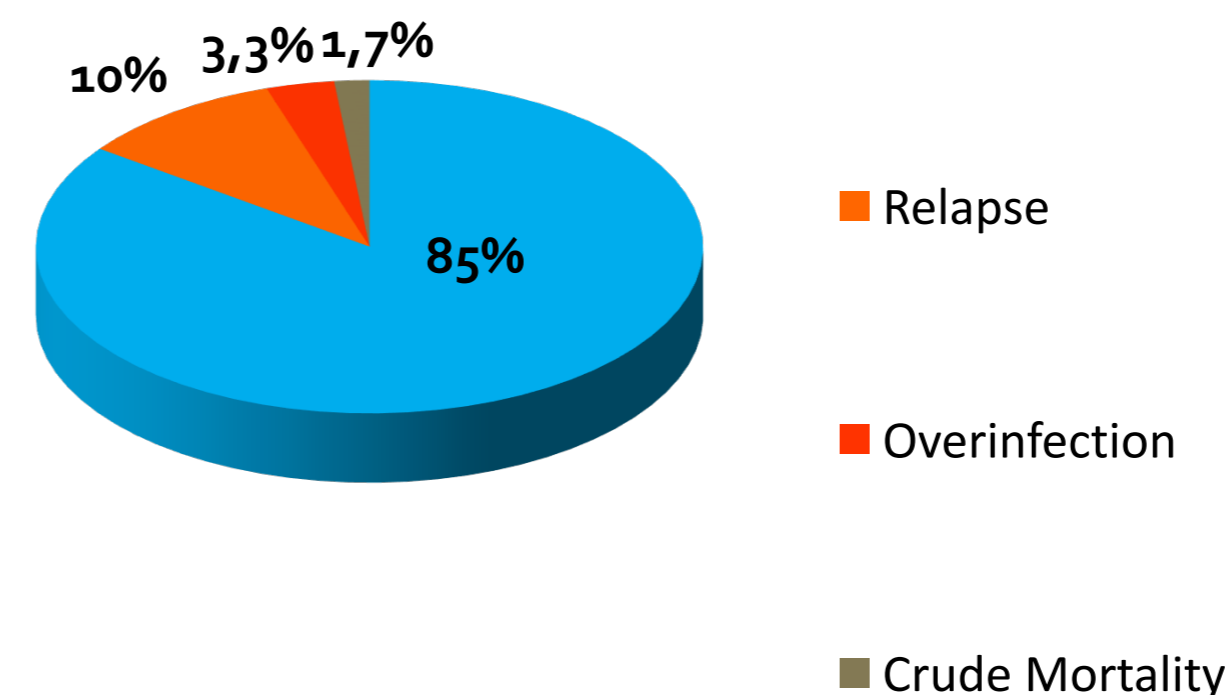
Predisposing factors AFN (%)



Etiology AFN



Prognosis AFN



Clinical and epidemiological AFN factors

Community-acquired	98,3 %
First episode	67,4 %
Lengh	5,35±5,5 days
Fever	95 %
Chills	84 %
Flank pain	80 %
Mictional syndrome	61,7 %
Renal abscess	10 %
Septic shock	8,3 %
Pathologic abdominal ultrasound	60 %
Pathologic CT	95 %

Factors related to APN

	APN 60 (12,1%)	AP 435 (87,9%)	p
Female sex	49 (81,7%)	224 (51,5%)	P<0,001
Age onset	41,1±19,6	58,7±20,1	P<0,001
Flank pain	40 (66,7%)	144 (33,1%)	P<0,01
Days in reaching apirexy	2,03±2,3	1,48 ± 1,6	P<0,01
Urologic abnormalities	29 (48.3%)	290 (66,7%)	P<0,01
Diabetes	3 (5%)	136 (31,3%)	P< 0,0001

**CONCLUSIONS**

Prevalence of AFN is high. It is significantly more frequent in young women, without urological subyacent pathology or Diabetes Mellitus, as a first episode. We should perform image test to exclude focal complications in the form of AFN in patients who experience mayor delay in reaching apirexy and flank pain.