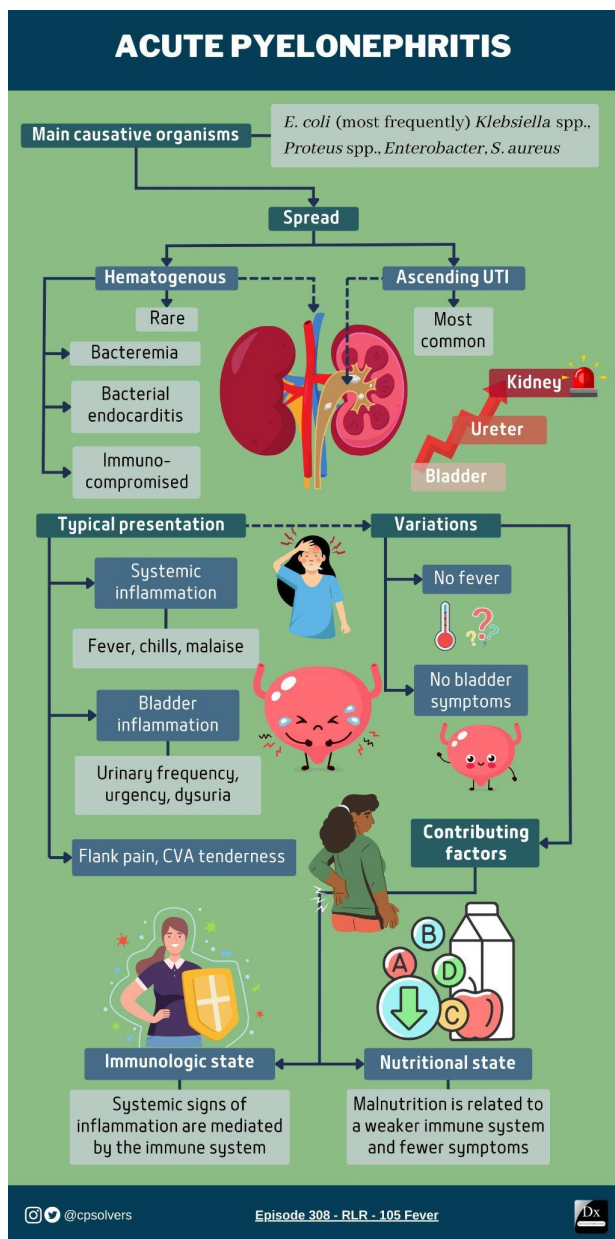


Episode 308 Recap

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This week, the [CPSolvers](#) featured an [episode](#) from the [RLR series](#) with Rabih and Reza.

A young woman with history of anorexia nervosa presented to the ED for 5 days of fever, nausea, vomiting, and myalgia. She was found to have a high fever, tachycardia, and mild leukocytosis. UA showed pyuria, although she had no urinary symptoms. CT showed evidence of bilateral pyelonephritis. Blood and urine cultures returned positive for Klebsiella, consistent with a final diagnosis of bilateral pyelonephritis complicated by Klebsiella bacteremia.



Teaching points

UTI without urinary symptoms:

- Asymptomatic pyuria and bacteriuria are more common in [elderly](#).
- [IDSA](#) recommends against screening or treating asymptomatic bacteriuria in most cases (exception includes pregnant women, those with recent renal transplant, or those undergoing urological procedures).
- In contrast, in the younger patient population, the specificity of pyuria for UTI is higher.

Infection and anorexia nervosa

- In anorexia nervosa, half of the mortality is related to medical complications.
- When patients with anorexia nervosa experience infections, they may not be able to mount a typical immune response, such as fever, partly due to low metabolic state.
- [Study](#) shows the diagnosis of the infection is often delayed and that more complications of infection occur in the patients with anorexia nervosa.
- Clinicians should have a lower threshold for considering infectious complications because signs of infection such as fever may be absent.

Pyelonephritis

- 20% of patients with pyelonephritis don't have bladder symptoms; 10% don't have flank pain.
- Common organism involved: E. coli, staph aureus, staph saprophyticus, enterococci, pseudomonas, and candida
- Complications: perinephric abscess, renal vein thrombosis, papillary necrosis, AKI, and emphysematous pyelonephritis.

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