

more an artifact caused by ease of identification and measurement in this specific setting, but it seems likely to be operative in other, comparable circumstances.

Now that the problem of patient-patient interaction has been let out into the open, we need to find ways to highlight and address it substantively, which will require a rethinking of the way health care organizations plan, implement, evaluate, and decommission various clinical programs. It will also require different methods and skills from those typically found in academic health centers. Finally, it will require methods to identify, value, and protect a measure of organizational slack.

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IMAGES IN EMERGENCY MEDICINE

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DIAGNOSIS:

Emphysematous pyelonephritis. She had an atrophic left kidney and an enlarged right kidney with emphysematous pyelonephritis.

Emphysematous pyelonephritis is a rare, severe, gas-forming infection of renal parenchyma and its surrounding areas that occurs almost exclusively in patients with diabetes mellitus.¹ Acute renal infection with *Escherichia coli* or *Klebsiella pneumoniae* instigates the development of emphysematous pyelonephritis, and a mixed acid fermentation by Enterobacteriaceae is what leads to gas formation. Clinical findings of sepsis or complicated urinary tract infection in a diabetic patient warrant an abdominal imaging because of the life-threatening potential. Management depends on the extent of parenchymal destruction per radiographic studies and includes percutaneous drainage with antibiotics treatment or nephrectomy.

In our patient, a percutaneous drainage demonstrated pyelosanguinous fluid, and the organism was identified as *E coli*. Nephrectomy and renal stenting have been discussed as treatment options; the family has refused surgical intervention.

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