

Acute Flank Pain Due to Renal Infarction: Limitations of Unenhanced CT

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A fifty-two-year-old woman developed severe right flank pain; she had an initial non-contrast CT, which was inconclusive. Subsequently, contrast enhanced CT showed subtotal infarction of the right kidney and occlusion of the right main renal artery. The current trend is using unenhanced helical CT for the diagnosis of acute flank pain; therefore, the diagnosis of acute renovascular occlusion is delayed. Although unenhanced helical CT can show other abdominal conditions such as appendicitis, diverticulitis, adnexal disease and aortic rupture, it cannot show acute renal artery occlusion.

Contrast-enhanced CT was done to arrive at the final diagnosis, as the laboratory results were not conclusive and the patient had continuous flank pain for 48 hours.