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Erratum

1802 Notice of correction for table and author name

On the Cover

What’s the diagnosis? Positron-emission tomography (PET, right panels) after intravenous injection of $^{18}$fluorodeoxyglucose ($^{18}$FDG), coupled with conventional computed tomography (CT, left panels), displays an increased uptake of $^{18}$FDG (yellow to red ring) around a cyst located in the lower pole of the left polycystic kidney. Coronal and transverse planes are shown in the upper and lower panels, respectively. The diagnosis of cyst infection remains a challenging issue in patients with autosomal dominant polycystic kidney disease (ADPKD). The lack of specific symptoms and signs, as well as the limitations of conventional imaging procedures, frequently delays the treatment, with a risk for abscess formation and life-threatening sepsis. Recently, $^{18}$FDG PET/CT has been proposed as a highly efficient tool to detect cyst infection in ADPKD patients. Inflammatory cells are indeed characterized by a high metabolic activity and increased uptake of the glucose analogue, $^{18}$FDG. The modern combination of PET with CT further improves the localization of a pyocyst (see related article in this issue of CJASN). Here, blood culture grew Enterobacter cloacae. Fluoroquinolone treatment was administered for 6 weeks, with no need for cyst drainage. (Image and text provided by Dr François Jouret and Dr Renaud Lhomme, Cliniques Universitaires Saint-Luc, Université catholique de Louvain, Brussels, Belgium)