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On the Cover

What's the diagnosis? Computed tomography (CT) urogram with 3D reconstruction demonstrates bilateral papillary necrosis with sloughed papillae. The classic “egg in cup” appearance from central contrast pooling is seen in the middle calyx of the left kidney, while the “lobster claw” appearance of papillary necrosis is noted in the third calyx from the top in the right kidney. As shown in the diagram, contrast pools in the area of the necrotic papillae (large arrow), which gives the appearance of an “egg”, while contrast in the calyx gives the “cup” appearance (small arrow). An unrelated imaging finding is a kinked left ureter with associated pelvic fullness. Papillary necrosis is characterized by coagulative necrosis of the renal medullary pyramids and papillae, which is caused by conditions and nephrotoxins that synergize to induce ischemia of these structures. It occurs in patients with sickle cell disease and trait, recurrent pyelonephritis, diabetes mellitus, analgesic nephropathy, and tuberculosis of the pelvicalyceal system. Patients often present clinically with gross or microscopic hematuria and flank pain. At times, sloughed papilla may cause acute ureteral obstruction. The necrotic papillae can become secondarily infected or a niche for subsequent stone formation. In regards to imaging, 3D reconstruction CT urogram is a superior noninvasive method of demonstrating renal papillary necrosis and does not require traditional intravenous urography. (Image and text provided by Swathi Singananamala, Saravanan Krishnamoorthy, and Mark A. Perazella, Yale University and Yale-New Haven Hospital, New Haven, Connecticut.)

