

INTRODUCTION

Renal inflammatory diseases exhibit a wide spectrum of radiographic findings. It can be acute, subacute, or chronic. The extent, severity and chronicity of the diseases depend on the infecting organism, stage of treatment, if any and the underlying condition of the patient. Alternatively, it may start focally, then progress to involve the rest of the kidney and/or perinephric space. (Romancik, and Bosniak, 1987)

Felderal, (1994), concluded that, in renal infection, haematogenous spread of infection from *staphylococcus aureus* has become less frequent, whereas fungal infection (*actinomycosis*, *aspergillosis*, and *candidiasis*) and other opportunistic infections (such as *atypical mycobacteria* and *pneumocystis carinii*) have become more frequent. The great majority of renal infections, however, are still caused by gram-negative enteric organisms that ascend from bladder to infect the kidney, and cause various types of bacterial inflammatory diseases of the kidney (acute pyelonephritis, acute focal nephritis, renal abscess, perirenal abscess, pararenal abscess, emphysematous pyelonephritis, pyonephrosis and chronic pyelonephritis). Schild et al., (1992), added that, parasitic infestation of the kidney include schistosomiasis and renal echinococcosis, Goldman and Fishman (1991), also added that TB and xanthogranulomatous pyelonephritis are considered to be a ideal examples of granulomatous diseases of the kidney.

Felderal, (1994), stated that, many radiological diagnostic modalities are included in evaluation of inflammatory renal diseases. Screening for calculi and congenital anomalies constitutes the strongest argument for the continued role of plain radiography and excretory urography in evaluation of patients with urinary infection, excretory urography, however fails to detect most cases of pyelonephritis and can not distinguish between various types of renal infections. **Goldman and Fishman (1991)**, added that ultrasonic examination may be normal even in presence of significant renal disease , furthermore, ultrasound gives no functional information. In the other hand ,**Schild et al., (1992)**, stated that CT examination plays an important role the diagnosis of renal inflammatory diseases`