A fifty-eight years old female patient admitted to our hospital with diabetic ketoacidosis (DKA) that caused by urinary tract infection. Her medical history was unremarkable, except for type 1 diabetes mellitus. Although urine culture revealed sterile within the seventh day of antibiotheraphy, urine analysis showed persistant pyuria. Only pathologic finding in the urinary ultrasonography was right atrophic kidney. After newly developed right flank pain revealed, we had abdominal tomography and it showed perinephric extension of gas or abscess (Figure 1 and 2). Patient was initially relieved with percutaneous drainage and antibiotheraphy, and then nephrectomy was made due to class 3B emphysematous pyelonephritis (EPN). EPN is a life-threatening complication of bacterial interstitial nephritis [1]. Although EPN mainly occurs in diabetics, DKA is a rare presentation of EPN that often cause a fulminant course if not recognized and should be treated promptly [2].