In reply: We thank Bowyer and Prentice for their input[1] regarding our article[2] on this interesting and complex topic.

We agree with the definition of emphysematous pyelonephritis and emphysematous cystitis as described by Bowyer and Prentice. There was indeed gas evident within our patient's left renal collecting system, as shown on a computed tomography scan, which was not included in our published article as we felt that the other published images would be of more interest to readers.

We agree that sodium–glucose cotransporter type 2 (SGLT2) inhibitors cause glycosuria and have been implicated in an increased risk of urinary tract infections.[3,4] Our patient had been taking an SGLT2 inhibitor, which was ceased during his first admission.

The occasional association of intestinal strongyloidiasis with gram-negative sepsis and, in particular, gram-negative bacillary meningitis, is well recognised. However, strongyloidiasis was not suspected in our patient, and diagnostic tests for this pathogen were not performed.

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Competing interests: No relevant disclosures. ■

doi: 10.5694/mja2.52540

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