

Abstract

A pelvic kidney occurs in between 1 in 2,200 and 1 in 3,000 people¹, due to failure of ascent during development. It is commonly asymptomatic and usually functions normally. Pelvic ureteral junction obstruction (PUJO) can either be congenital or acquired, and is characterised by intrinsic stenosis or extrinsic compression of the ureter at the junction with the pelvicalyceal renal system. This can cause symptomatic or asymptomatic hydronephrosis. We describe the complex case and management of a patient with a massive PUJO in a pelvic kidney.

Case Presentation

A 45-year-old female presented with abdominal pain and recurrent urinary tract infections, associated with acute exacerbations of her neurological and respiratory sarcoidosis.

A CT scan showed a right pelvic kidney with a massively enlarged pelvis secondary to PUJO (Figure 1). A percutaneous ultrasound-guided nephrostomy was placed for initial management, following which a DMSA scan demonstrated 32% function on the right kidney. Creatinine was 70 μ mol/L with an eGFR of 84ml/min/1.73m².

The presence of large uterine fibroids measuring up to 16 x 13 cm indicated a possible extrinsic cause of PUJO. The patient subsequently had an open myomectomy, and trial of clamping of the nephrostomy tube. However, a post-operative CT scan revealed persistence of PUJO. After a further symptomatic episode of pyelonephritis and an eGFR drop to 59 ml/min/1.73m², she proceeded with a reconstructive pyeloplasty.

A pre-pyeloplasty CT angiogram revealed the complex vascular anatomy of the pelvic kidney with three renal arteries arising respectively from the aorta, left common iliac, and right internal iliac artery (Figure 2). An open dismembered pyeloplasty of the pelvic kidney was performed (Figure 3). Recovery was uneventful. At last follow up, eGFR was 60 ml/min/1.73m² and MAG3 renogram showed well perfused kidneys with no evidence of obstruction.

References

1. Cinman, N. M., Okeke, Z. & Smith, A. D. Pelvic kidney: Associated diseases and treatment. *Journal of Endourology* **21**, 836–842 (2007).

Figure legends:

Figure 1. CT scan showing right pelvic kidney (blue arrow) with an enlarged renal pelvis (yellow arrow) secondary to PUJ obstruction.

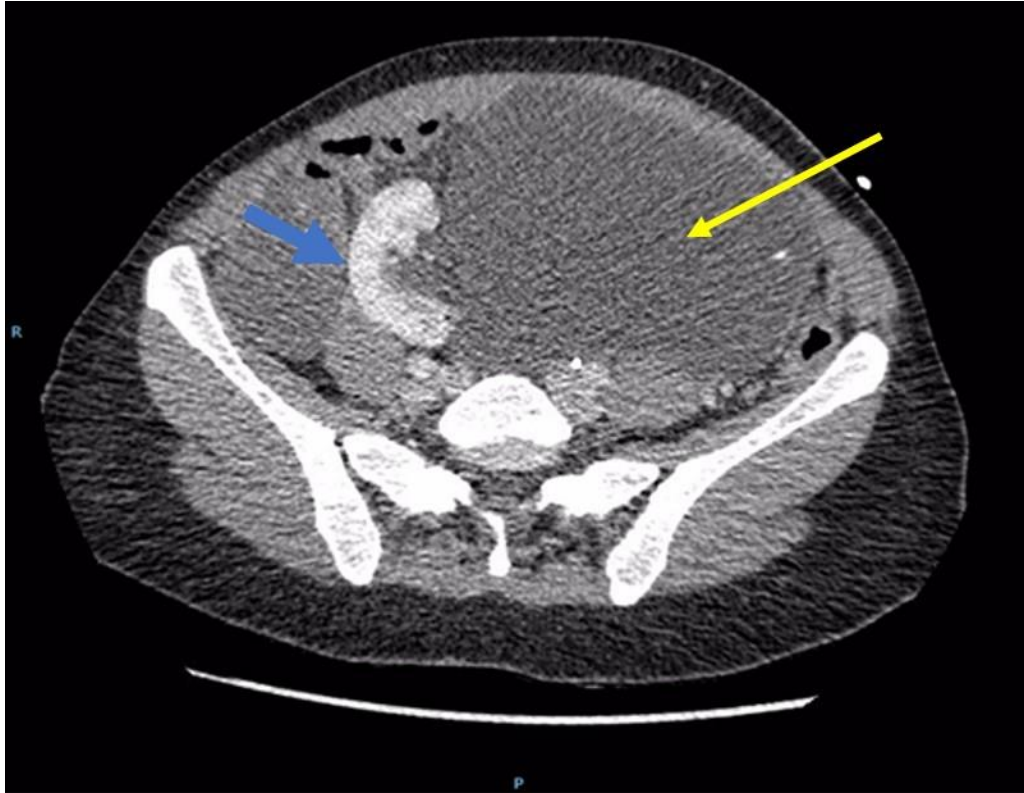


Figure 2. 3D reconstruction of the CT angiogram (A), selective digital subtraction of the renal pelvis (yellow) enabled clear visualisation of the atypical vasculature of the pelvic kidney (B).

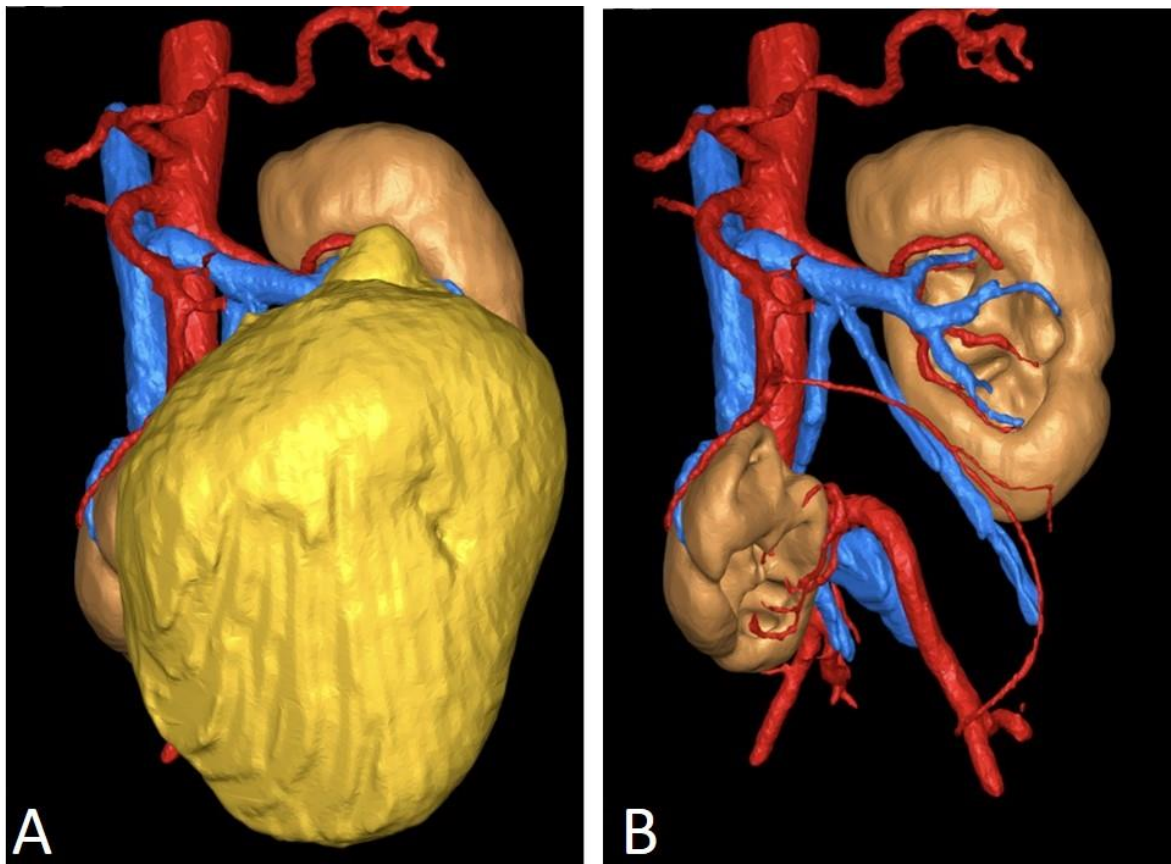


Figure 3. Intra-operative photos showing the pelvic kidney (blue arrow) with dilated renal pelvis (yellow arrow) before (A) and after (B) dismembered pyeloplasty.

