



available at www.sciencedirect.com
journal homepage: www.europeanurology.com



European Association of Urology

Case Study of the Month

Multiorgan Failure 17 Years after Initial Stone Therapy: Forgotten Ureteral Stent in a Horseshoe Kidney

Gerald Pühse^{a,*}, Hansjürgen Piechota^a, Christian Scheffold^b, Stephan Kloska^c,
Lothar Hertle^a, Christian Wülfing^a

^a Department of Urology, University of Münster, Münster, Germany

^b Department of Internal Medicine, University of Münster, Münster, Germany

^c Department of Clinical Radiology, University of Münster, Münster, Germany

Article info

Article history:

Accepted January 4, 2007

Published online ahead of
print on January 16, 2007

Keywords:

Horseshoe kidney
Multiorgan failure
Sepsis
Stone disease
Ureteral stent

EU * ACME

www.eu-acme.org/
[europeanurology](http://europeanurology.com)

Abstract

We report on the case of a 44-yr-old white man who was referred as an emergency from a local hospital to the medical intensive care unit (ICU) at our institution for progressive multiorgan failure of unknown cause. The CT scan of the abdomen showed a horseshoe kidney with extensive stone formation in both kidneys and the urinary bladder. A massively calcified double pigtail ureteral stent could also be seen in the left upper urinary tract. The stent had been placed prior to extracorporeal shock wave lithotripsy (ESWL) therapy 17 years previously. Three weeks later, after conservative treatment for heart failure and septic complications, the massively enlarged hydronephrotic left part of the horseshoe kidney was exposed and heminephroureterectomy was performed. Moreover, a right-sided pyelotomy was performed. Midline vesicotomy allowed extraction of the remaining bladder stone including the rest of the forgotten pigtail stent. The patient recovered rapidly after surgery and was discharged after 2 wk with all drains removed.

© 2007 European Association of Urology. Published by Elsevier B.V. All rights reserved.

* Corresponding author. Department of Urology, University of Münster, Albert Schweitzer Strasse 33, 48149 Münster, Germany. Tel. +49 251 8347441; Fax: +49 251 8348348.
E-mail address: puehse@uni-muenster.de (G. Pühse).

1. Case report

A 44-yr-old white man was referred as an emergency from a local hospital to the medical intensive care unit (ICU) at our institution for progressive multiorgan (hepatic, renal, and cardiac) failure of unknown cause. At the time of arrival the patient was conscious and hemodynamically stable but

required oxygen supplementation. In reporting his history, the patient indicated that he had felt unwell and exhausted for the last few days and finally visited his local general practitioner because his feet no longer fit into his shoes. He did not recall other diseases or surgery in the past and had never been under continuous medication. On examination, the obese patient was in acute distress and presented

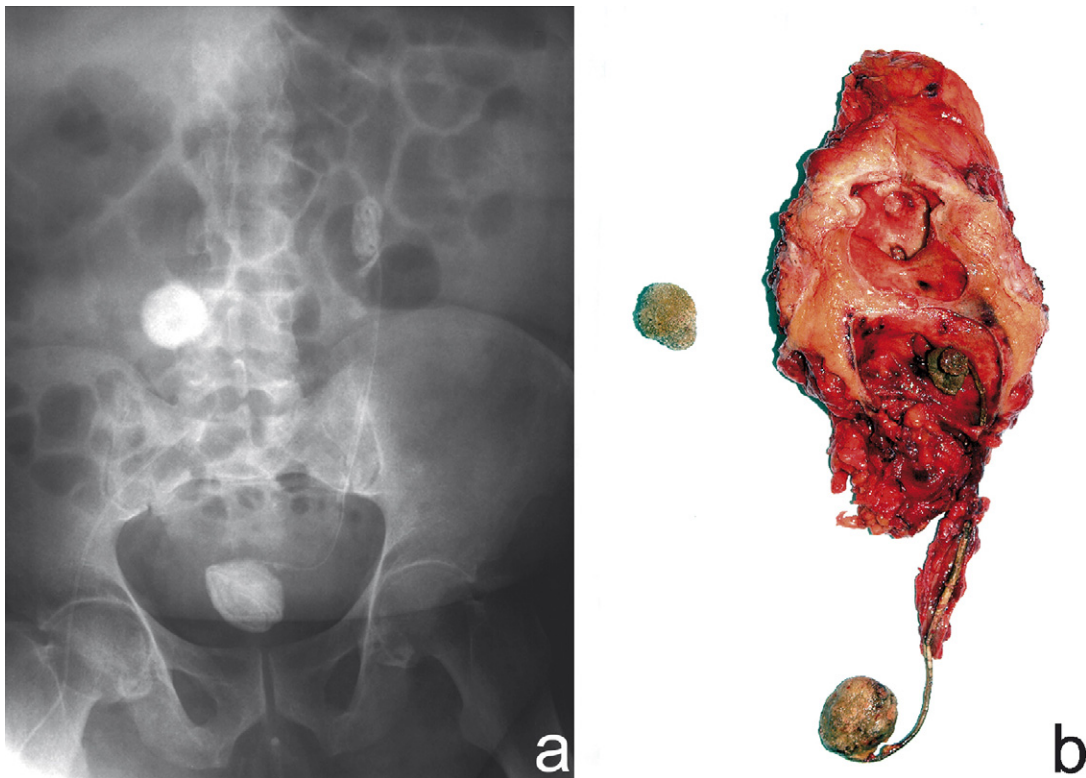


Fig. 1 – Plain x-ray of the abdomen (a) shows the complete stone burden. The removed specimen (b) additionally reveals the hydronephrotic deterioration of the extensively dilated left part of the horseshoe kidney.

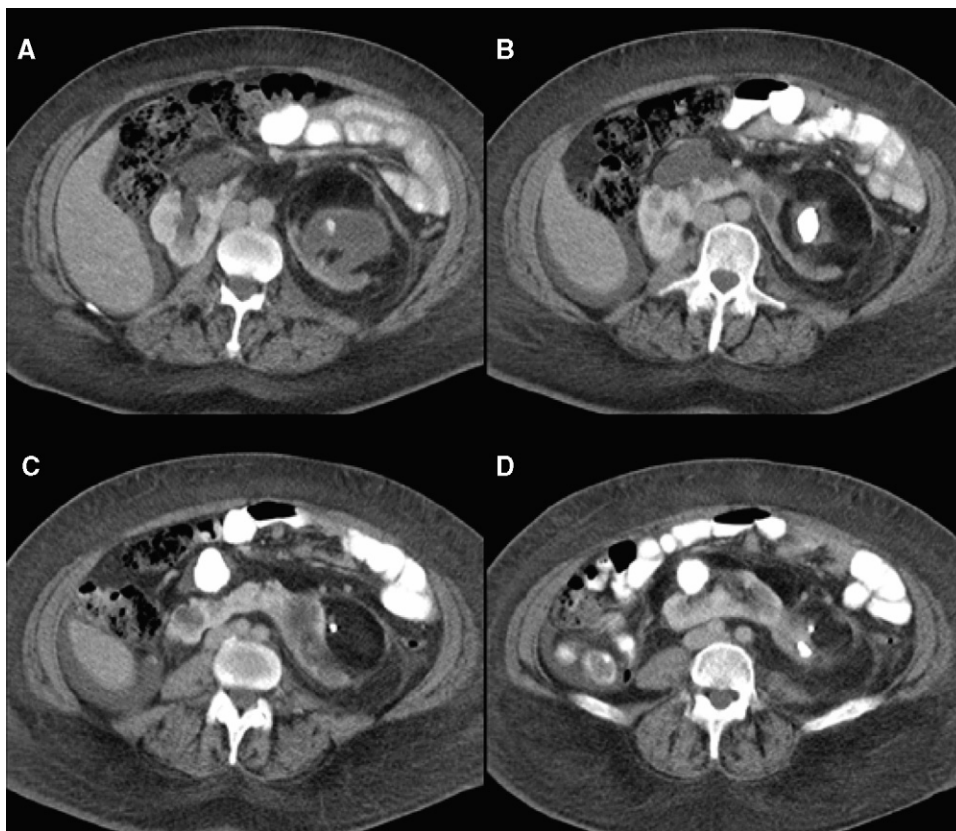


Fig. 2 – Sequential transverse computed tomography (CT) scans (A–D) of the abdomen showing the large stones in the left renal pelvis. Note ascites around the lower right lobe of the liver.

Download English Version:

<https://daneshyari.com/en/article/3929614>

Download Persian Version:

<https://daneshyari.com/article/3929614>

[Daneshyari.com](https://daneshyari.com)