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Editorial

Bilateral Pelvichorse Shoe Kidney With Renal, Bladder Calculus And Obstructive Symptoms

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In this issue i would like to present a rare case and the treatment. Horse shoe kidney is a commonly seen fusion anomaly of kidneys. It is seen nearly 1 in 400 of the general population and it is a congenital anomaly related with kidney migration before the 8th gestational week. Generally the patients with this anomaly area symptomatic and it is detected incidentally. But some time shorse shoe anomaly causes drainage problems and as a result; infections, stone formations, obstructive stasis would be seen in these patients. The sonographic diagnose of horse shoe kidney is difficult, CT and intravenous urography are the usefull techniques. This anomaly would be detected on prenatal ultrasound and also the renal pelvis is located more anteriorly and more dilated. In the literature most of the horse shoe kidney cases area bouturinary system stone diseases and about the treatment methods. Horse shoe kidney anomaly can be associated with other anomalies for example uretheral duplication. By the way the most seen complication of this anomaly is kidney calculus. Percutaneous approach to stone is a useful technique for the stones larger than 2 cm andalso ESWL or flexible ureterorenoscopy could be used for smaller-sized calculi. Different variations of vascular anatomy makes surgery more difficult. Horse shoe kidney anomaly could be deteceted at anyage but it is mostly detected in childrens. Bilateral pelvicectopia is a rarely seen form of horse shoe kidney and according to our knowledge it hasn't been reported before in the literature. In this case the patient with bilateral pelvicectopia of horse shoe kidney presented with symptoms of infravesical obstruction.

A 63 year-old male patient admitted with obstructive symtoms that were lasting for nearly 2 years.Urinalysis result was; 136 erythrocytes, 23 leukocytes and leukocyte esterase was positive.

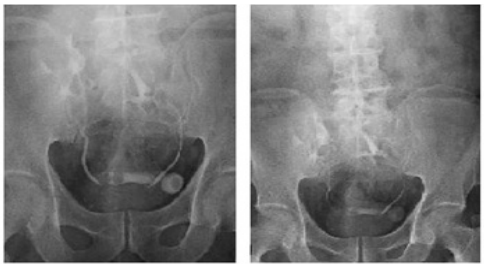

Figure 1: IntravenousUrography

BUN level was 32 mg/dl and creatinine level was 0.9 mg/dl. On intravenous urography (IVU), pelvic ectopic horseshoe kidney is clearly seen (Figure 1).

The Computerised Tomography (CT) showed multiple-stones, with the greatest diameter of 9 mm and a 20 mm-diameter diverticulum in bladder, also bilateral pelvic ectopic horseshoe kidney was diagnosed and a 15 mm diameter calculus in the pelvis of right kidney (Figure 2).

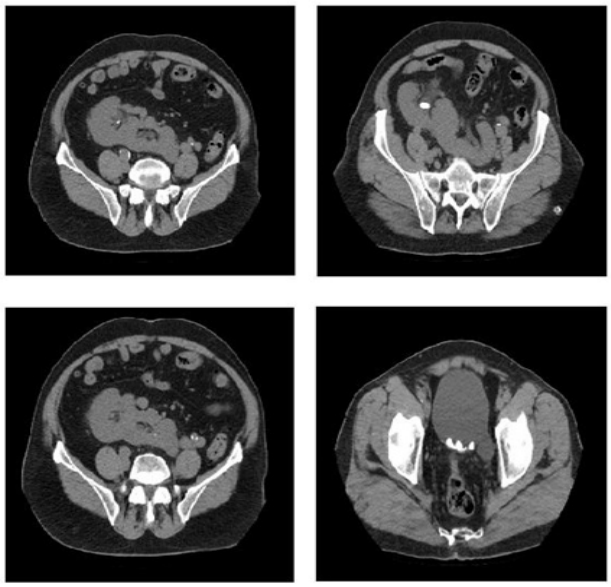

Figure 2: Computerised Tomography.

Uroflowmetry revelaed obstructive symptoms of the patient and the result is Q max 11.1 / Q average 3.7. There was 150 cc postvoiding residual volume and the PSA level was 3.69 ng/dl . According to the urinary system ultrasonography, there was no hydronephrosis and the prostate was 67 gr. We had performed sistoscopy and after that transurethral resection of prostate (TUR-P). On postoperative 3rd day we had removed urethral catheter and the patient was discharged. Flexible ureteroreno scopy was planned for the renal calculus.