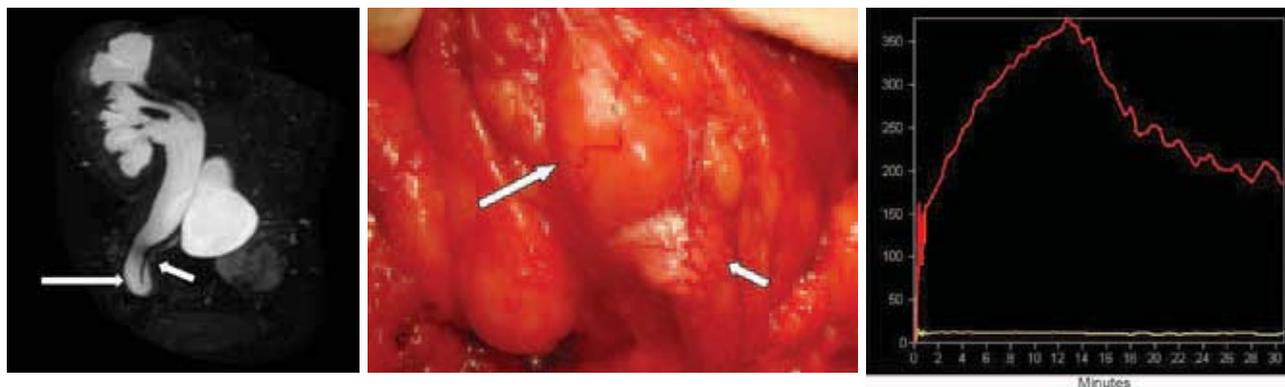


Ureteral Herniation With Intermittent Obstructive Uropathy in a Renal Allograft Recipient

Urol J. 2011;8:98.
www.uj.unrc.ir



A 44-year-old man underwent live related allograft renal transplantation for stage V chronic kidney disease secondary to unknown cause three years earlier. The immunosuppressive regimen consisted of cyclosporine, azathioprine, and prednisolone. The nadir creatinine level of 1.5 mg/dL was reached one week postoperatively. This remained stable for 30 months when the serum level of creatinine began to fluctuate intermittently between 1.5 mg/dL and 2.2 mg/dL. He noticed a reducible swelling in the lower third of the transplant scar that was confirmed to be an incisional hernia. Ultrasonography showed graft hydroureteronephrosis. Magnetic resonance urography revealed an incisional hernia involving the lower third of the transplant scar, containing the mid-portion of the transplant ureter and compressing the distal ureter at the neck of the hernial sac, causing hydroureteronephrosis.

On exploration, the ureter was found to be in the wall of the hernial sac compressed by the adjacent omentum. The ureter was released from the adherent sac and found to be draining freely. The hernia was repaired using a prolene mesh. After surgery, the serum level of creatinine returned to 1.5mg/dL and a follow-up diuretic renography showed free drainage.

Ureteral obstruction is a known complication following renal transplantation, often resulting in obstructive uropathy. This requires redo reimplantation, percutaneous diversion, or dilatation and stenting. Ureteroinguinal hernias are rare, with about 130 subjects reported in the literature.⁽¹⁾ Sliding inguinal hernias containing the ureters have been reported in renal allografts with six reports in literature.⁽²⁾ We report a case of obstructive uropathy secondary to ureteral herniation into an incisional hernial sac following renal allograft transplantation. To the best of our knowledge, this is the first such report in medical literature and illustrates the importance of recognizing common surgical complications in renal allograft recipients.

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