Cystic Retroperitoneal Mass Due to Ureteral Injury as an Outcome of Lumbar Disc Hernia Operation

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Retroperitoneal organ injury, especially ureteral injury, is a rare complication associated with surgical repair of lumbar disc hernia (LDH). A 44-year-old male patient was admitted to the urology department with a history of left flank pain, fever, and intermittent hematuria. He had a history of repeat surgical repair of an LDH at the same level 1 month previously. Ultrasound examination revealed a multiloculated cystic mass anterior to the psoas muscle, and abdominal computed tomography scan showed grade 1 hydronephrosis with proximal ureteral dilatation and free fluid in the pelvis (Figure 1A and B). A 10 French (F) pigtail ureteral drainage catheter was percutaneously inserted into the cystic mass under ultrasound guidance with a prediagnosis of abscess or urinoma (Figure 2). Owing to continuous urine drainage, antegrade pyelography was performed at the time of fluoroscopy and revealed ureteral discontinuity and extravasation of contrast material (Figure 3). Therefore, a 10 F nephrosto-

Figure 1. Axial computed tomography scan of the abdomen. (A) A retroperitoneal multiloculated cystic mass is indenting the left psoas muscle (thick arrow), and lateroconal fascial thickening is present (thin arrow). (B) Grade 1 hydronephrosis (thick black arrow), posterior perirenal fluid (white arrow), and a cystic mass anterior to the left psoas muscle (thin black arrow) are evident.

Figure 2. Axial computed tomography scan of the abdomen. A 10 French pigtail ureteral catheter is draining the giant urinoma (arrow).

Figure 3. Antegrade pyelography. Mid-ureteral discontinuity (thin arrow), contrast material extravasation distal to the ureteral avulsion (thick arrow), and insertion of the pigtail catheter into the retroperitoneal urinoma (arrowhead) are shown.

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my catheter was placed in the collecting system of the left kidney to control the extravasation of urine. End-to-end ureteroureterostomy was followed by double J ureteral catheter placement, and the catheter was left in place for 2 months. During the follow-up period, the extravasation of urine stopped and hydronephrosis resolved without any narrowing at the ureteral injury site.

CONFLICT OF INTEREST
None declared.

REFERENCES