Kontrlatoral Çok Büyük Hidronefrozla Beraber Multikistik Displastik Böbrek

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Özet

Multikistik displazi yenidoğan döneminde en sık karşılaşılan renal kistik hastalıktır.Karşı böbrekte %20 oranında görülebilen anomalileri araştırmak ve değerlendirmek oldukça önemlidir.

Multikistik displastik böbrekli ve karşı tarafta dev hidronefrozu bulunan vakamızı sunmaktayız.

***Anahtar kelimeler:** Multikistik displastik böbrek, hidronefroz.*

Multicystic Dysplastic Kidney with Contralateral Huge Hydronephrosis

Abstract

Multicystic dysplasia is the most common renal cystic disease in the newborn.It is important to examine and evaluate the contralateral kidney for abnormalities which are present 20% of the cases.

We reported a multicystic dysplastic kidney with contralateral huge hydronephrosis.

***Key words:** Multicystic dysplastic kidney, hydronephrosis.*

The multicystic dysplastic kidney (MDK) is a severe form of renal dysplasia.The kidneys vary in size as compared with a normal kidney.Bilateral disease is very rare and compatible with life.However the contralateral kidney has a high risk of obstructive problems such as ureteropelvic junction obstruction (UPJO).

Case Report

An 11 months old female infant had a smooth mass covering the right of the abdomen and crossing the midline.Excretory urogram revealed poor visualization on right and non visualization on left.On ultrasound examination a cystic mass with some thickening on the upper and lower poles was discovered.Renal functions were in normal limits.Hydronephrosis due to intrinsic UPJO was detected on right kidney at operation.Scattered renal tissue 0.5 cm in thickness was present on the mass.After pelvic reduction and excising of UPJO an Anderson-Haynes pyeloplasty was performed.On the left a small MDK without ureteral atresia was detected and removed (Fig 1).The patient has been followed for six years.Though excretory urograms taken four years later , the right kidney has still some degree calyceal dilatation,renal function was normal.

Discussion

The most common clinical feature of MDK is that of an abdominal mass.The lesion is often discovered when disease of contralateral kidney is being investigated.The opposite kidney is most frequently affected by some type of obstructive problem and presents with symptoms of urinary infection,pain or hematuria (2).However in this case opposite kidney presented as a huge hydonephrosis due to UPJO.

MDK develops from abnormal interaction of the ureteral bud and metanephric blastema.The high incidence of ureteropelvic atresia in association with MDK supports this theory which is confirmed by experimental and anatomic studies (1,3).However ureteral atresias are not associated with all cases of cystic dysplasia as in the presented case.There is also evidence that the lesion may be a result of teratogenic injury to the mesenchyme (3).

In all cases of UPJO or MDK contralateral

kidneys should be evaluated with imaging techniques.High frequency of contralateral UPJO also could be considered as an incomplete form of bilateral dysplastic kidney.

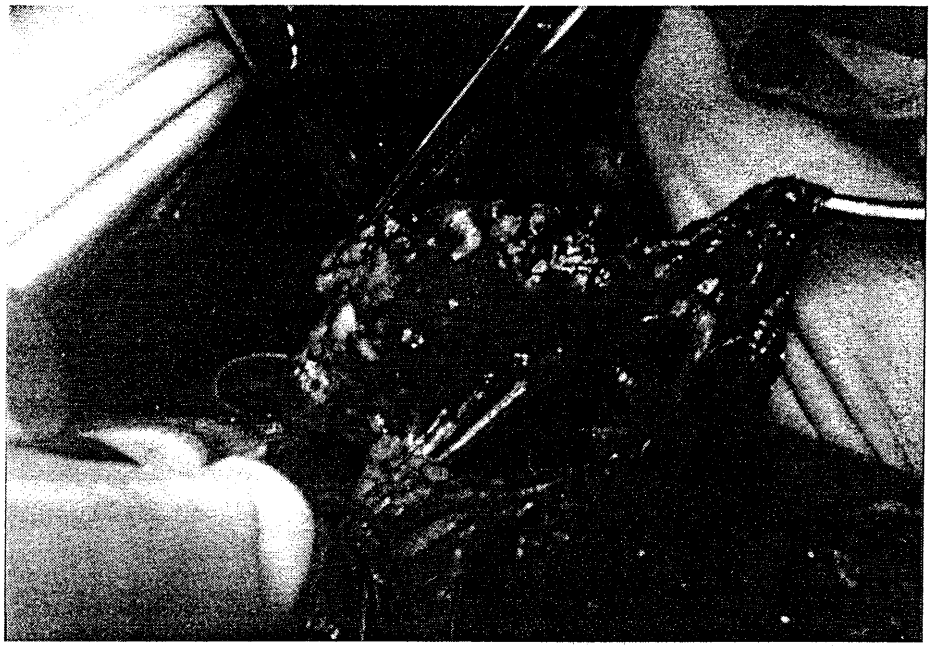

Figure 1:Hydronephrotic kidney,arrow indicates UPJ obstruction (a),multicystic dysplastic left kidney,arrow indicates non atretic ureter (b).

References

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