PELVIC KIDNEY WITH INCOMPLETE ABORTION

(Report of A Case)

by

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Pelvic lump is a common finding to a surgeon as well as to a gynaecologist. Various pathological conditions may be responsible for the pelvic lump, nevertheless some non-pathological conditions may mimic the same. One must be very careful before removal of an odd pelvic lump. The following case history will demonstrate one such condition.

Case Report

A 42-year-old patient was admitted with vaginal bleeding for six days after ten weeks' amenorrhea. Her general condition was good. Her blood pressure was 130/90 mm.Hg. and her pulse rate was 80 per minute. There was no anemia (hemoglobin 13 gms.). She had one child aged 16 years and three miscarriages. An appendicectomy was performed some years ago. Vaginal examination revealed that her uterus was enlarged to about eight weeks size and the cervical os was patulous but closed. There was a soft tender mass felt in the right abdomen. There was no tenderness or excitation pain.

An immunological pregnancy test was positive. The patient was treated as having a threatened abortion. Five days after admission she passed what appeared to be a decidual cast. The mass was still palpable high in the right adnexa and was more tender. Therefore, the diagnosis was reviewed in the light of a possible ectopic pregnancy.

She was examined under anesthesia and the uterus was found to be smaller than dates. The mass in the right adnexa was about the size of an orange and separate from the uterus. The uterus was curetted and old necrotic products of conception were removed. Laparotomy was then carried out. The uterus, both tubes and ovaries, were normal. The mass was retroperitoneal and was situated at the right pelvic brim. The rest of the abdomen was then explored. The left kidney was normal in size and in position but the right kidney was absent from its normal lumbar position.

The peritoneum overlying the mass was incised and a needle biopsy was taken. The biopsy site was then sutured with hemostatis. The peritoneum overlying the pelvic kidney was sutured and the abdomen was closed in layers. Her post-operative recovery was excellent.

Biopsy reports confirmed the presence of normal renal tissue with no evidence of chronic pyelonephritis.

Midstream specimens of urine were sterile and an intravenous pyelogram showed that the left kidney was normal, but hypertrophied (15½ cm long). The right kidney was situated at the pelvic brim and showed moderate concentration of the radio-opaque medium (Figs. 1 & 2). There was no hydronephrotic change and the bladder was normal.

Discussion

This case emphasises the need to establish the correct diagnosis before removing an odd pelvic lump. This patient had several episodes of urinary infection in

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Received for publication on 2-6-1973.

the past and therefore the biopsy was justified not only to confirm the diagnosis but to ascertain whether or not there was any evidence of inflammatory disease of the pelvic kidney which may in future necessitate its removal.

Acknowledgement

I thank Mr. B. V. Lewis, M.D., M.R.C.O.G., F.R.C.S., Consultant Obstetrician and Gynaecologist, Watford General Hospital, Hertfordshire, for his help and permission to publish this case.

See Figs. on Art Paper I