

AN INTERESTING CASE OF UNILATERAL FUSED KIDNEYS WITH HAEMATOMETRA

by

M. KAPOOR,* M.S.,

K. GUPTA,** M.S.,

H. N. SAXENA,*** M.D., D.M.R.E.

and

K. P. SINGH,**** M.S.

An interesting case of unilateral fused kidneys with haematometra in a 70 years old woman, is presented because of the clinical interest.

CASE REPORT

Smt. A., 70 years old was admitted on 23.2.74, complaining of a lump in abdomen and pain for 7 months. Past and present histories were not significant.

Menstrual History: Menopause—25 years back.

Obstetric History: She had 7 full term normal deliveries with last childbirth 32 years back.

General Examination: She was of poor build with slight pallor. Pulse rate was 70 per minute. B.P. 160/88 mm of Hg. Cardiovascular and respiratory systems were normal. Abdominal examination revealed a cystic mass about 10" x 8" in the suprapubic region with smooth skin and free mobility, non-tender; fluid thrill was present.

Pelvic Examination: The cervix was atrophic and flush with the vault. Fornices were shallow and clear. Body of uterus could not be felt. A tense cystic mass was felt extending upto the umbilicus. There was slight bleeding through the external os.

*Lecturer in the department of Obstetrics and Gynaecology.

**Professor and Head of the Dept. of Obstetrics and Gynaecology.

***Reader and Head of the department of Radiology.

****C.M.O., M. L. E. Medical College, Jhansi.
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Investigation: Haemoglobin was 9.8 gm%. Total W.B.C. count was 6800 cells/cmm. E.S.R. 35 mm 1st hour. Bleeding time 1 minute 45 seconds. Clotting time 3 minutes 45 seconds. Blood sugar 84 mg%, blood urea 40 mg% with blood Group 'B', Urine had nothing abnormal. X-ray chest was normal.

Intravenous Pyelography: Both the pelves were seen on the right side, one above the other and both the ureters were displaced on right side which was thought to be due to pressure effects of the tumour. The ureters were running parallel and did not have any kink.

A probable diagnosis of ovarian cyst was made along with displaced kidney.

Management: Laparotomy was done on 12.3.74. The cystic mass was found to be distended uterus 10" x 8" size. Both the ureters were followed and were found to be lying on right side while search for the kidneys disclosed that both the kidneys were fused and were present on left side. Upper pole of one was fused with lower pole of the other. One renal pelvis was higher and other was lower in position and pelves of both kidneys were facing towards left side. Panhysterectomy was done. The uterus ruptured on the table during panhysterectomy and viscid reddish brown haemorrhagic fluid came out which was old collected blood. Cervix had stricture and there was no free communication between the body of the uterus and the vagina.

Abdomen was closed after careful suction and toilet. Two blood transfusions were given during the operation.

Histopathological Report: Atrophic myometrium and endometrium. Ovaries and tubes

showed no pathology. There was no evidence of malignancy.

Discussion

Senile cervical stricture giving rise to haematometra at the age of 70 is an uncommon but not an unknown condition in gynaecological practice. The case was opened after investigations with the provisional diagnosis of an ovarian cyst. At laparotomy the uterus was seen to be markedly distended and cystic. The walls of uterus were thinned out and stretched. The internal surface was smooth. Altered blood came out through the uterus and uterus was sent for histopathological examination after panhysterectomy. Search for the kidneys revealed presence of unilateral fused kidney with their pelves facing towards same

side. Patient remained well for 2 days post-operatively. On 3rd day she developed distension of abdomen in the morning which was relieved in the evening but she suddenly collapsed and died due to pulmonary embolism the same evening at 6.30 P.M.

Congenital anomaly in the form of unilateral fused kidney is extremely rare. It was interesting to see that inspite of this gross anatomical defect, patient did not have any complication or complaint pertaining to urinary system and kidney function remained normal till the end. Fusion of two kidneys in the form of "S" with their pelves facing on the opposite sides is well known, but fusion of kidneys with their pelves facing towards one side is an extremely rare entity.

See Figs. on Art Paper V