

SOLITARY PELVIC KIDNEY WITH MULLERIAN DUCT MALFORMATION

(Report of 2 Cases)

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Two cases of solitary pelvic kidney, one with agenesis of vagina and the other with normally developed vagina are presented.

Unilateral renal agenesis associated with congenital absence of vagina has been reported by Hingorani (1976), Sarojini (1976). Fore *et al* (1975) studied 36 cases of congenital absence of vagina and recorded 2 cases who had pelvic kidney. Chakravarty and Chowdhary (1979) studied 15 cases of urinary tract abnormality associated with Mullerian duct malformation, of these only 3 had single pelvic kidney.

Pelvic kidney alongwith normally developed vagina is still a rare condition. Pelvic kidney with Mullerian duct malformation is usually solitary, unless this fact has been predetermined there is a risk of traumatising the kidney when any surgical manipulation is done.

Case 1

Mrs. P., 18 years old was admitted in the hospital on 10-10-80 for primary amenorrhoea. Her sister and brother were not suffering from any congenital anomalies.

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Accepted for publication on 14-9-1981.

Examination

On general physical examination she was of an average built. The height of the patient was 5' 3". Blood pressure was 110/70 mm Hg. Cardiovascular and respiratory systems were normal. All secondary sex characters were well developed. Both the breasts were normally developed. Pubic and axillary hairs were present in plenty. Buccal smear was chromatin positive.

The pelvic examinaion revealed normally developed labia majora and labia minora. Vagina was absent. Vaginal introitus was covered with the thick hymenal membrane. On rectal examination cervix and uterus were not palpable. About 2" beyond the external anal sphincter a lump about 4" x 4" in size was palpable but upper pole of which could not be reached. The mobility of the lump was restricted and was soft in consistency. A provisional diagnosis of pelvic kidney or haematometra alongwith congenital atresia of cervix or thick vaginal septum was made. Intravenous pyelography was done. I.V.P. revealed that the mass was a solitary pelvic kidney with mild hydro-nephrotic changes (Fig. 1). The patient was kept for vaginoplasty under general anaesthesia.

Operative procedure

A catheter was put in urethra and a dilator was put in the rectum. A transverse incision was made at the level of hymen which was dissected and a space about 2" x 2" in size was created between the urethra and rectum. The peritoneum was opened accidentally during dissection, omentum was felt along with ovary and

the pelvic kidney. With a view to exclude any injury to the kidney laparotomy was decided. The pelvic peritoneum was closed from below. A mould was put in the vagina.

On opening the abdomen the solitary right kidney was found to be slightly hydronephrotic and was lying in the pelvis. The uterus was a small nodule to which well developed right tube was present and right ovary was cystic and slightly enlarged. On the left side a small bud was present, to it the round ligament was attached. Left tube was absent and left ovary was also elongated and cystic and was of about 2" x 2" in size.

The mould was changed on the second-post-operative day and then daily onwards for a month. Then the patient was instructed to use the mould herself regularly for six months.

Case 2

Mrs. S. B. 25 years old was admitted in the hospital on 24-11-80 with the complaints of primary amenorrhoea. Her sisters and brother did not suffer from any congenital anomalies.

Examination

She was of an average built, the height of the patient was 4' 9", Blood pressure was 130/80 mm Hg. On examination of cardiovascular and respiratory system they were found to be normal. All secondary sex characters were well formed. The pubic and the axillary hairs were present normally. The buccal smear of the patient was chromatine positive. Vaginal examination revealed well developed labia majora and minora, the pubic hair were in plenty, the hymen was absent, the introitus was admitting two fingers easily and the vagina was 3½" deep

with natural rugosity present. The vagina was ending blindly and the cervix was not felt. A mass of about 3" x 3" in size which was partially mobile and was soft in consistency was felt in right side through the right fornix. Rectal examination revealed a mass about 3" x 3" in size, soft, partially mobile was felt anteriorly on right side. Provisional diagnosis of pelvic kidney was made and to confirm this I.V.P. was done. This revealed a solitary pelvic kidney which was functioning normally. On laparoscopy, the uterus was absent, both the round ligaments, both the tubes and left ovary were also found to be absent. On right side the ovary was well formed and normal in size and shape.

Summary

Two cases of solitary pelvic kidney are presented. In one case there was absence of vagina, for which vaginoplasty was done. In the second case vagina was well developed but the uterus and adenexa were absent, except the right ovary.

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See Fig. on Art Paper III