BILATERAL URETERIC OBSTRUCTION, FOLLOWING LOWER SEGMENT CAESAREAN SECTION

(A Case Report)

by

A. H. AMBEKAR
D. B. KUDCHADKAR
M. RAHURKAR
and
A. V. KERKAR

Case Report

Patient A.C., 24 year old primigravida was transferred with a history of absolute anuria for more than 24 hours following a lower segment caesarean section done after a failed forceps.

Postoperatively when there was no urine output inspite of administration of 9 pints of intravenous fluids and 400 mg of frusemide, a medical opinion was taken for anuria. The physician who reviewed the case noted that all the vital parameters were within normal limits except for urine output. Renal chemistry i.e BUN, serum creatinine and serum electrolytes were within normal limits.

The patient was transferred with a request for dialysis. When we reviewed the case we noted that:

(1) The vital parameters except for urine output were normal.

(2) Renal chemistry was within normal limits.

(3) There was no history of persistent hypotension or anaesthetic complications during the operation which could account for a pre renal cause of anuria.

(4) Evidence of excessive blood loss at the time of operation was present as the patient's haemoglobin was 7 gms% and hence some difficulty at the time of caesarean section, most probably extension of the lower segment incision into the broad ligament, was speculated and hence the possibility of a bilateral ureteric obstruction was kept uppermost in mind although acute tubular necrosis was kept as an alternate diagnosis.

A cystoscopic examination was undertaken. It revealed congestion in the bladder trigone and both the ureteric orifices were oedematous and congested. An attempt was made to pass a ureteric catheter (No 6) but it could not be passed for more than 1 inch on both sides. Hence a diagnosis of bilateral ureteric obstruction was confirmed and a decision to explore was made.

On opening the peritoneal cavity the only abnormal finding was a gross dilatation of both the uterus seen through the posterior peritoneum. The uterine incision was quite low on the lower segment and very near the bladder which was not adequately dissected.

The posterior peritoneum was opened at the pelvic brim and the right ureter was compressed and kinked at various sites due to stitches taken near the right angle of the lower segment incision. The ligatures compressing the right ureter were divided. As soon as the obstruction was relieved the dilatation of the right ureter decreased markedly and urine started flowing into the catheter which was initially placed in the bladder. Similarly, left ureter was compressed at two places. On releasing this stitch urine started dribbling and the left ureter decreased markedly in size. Cystoscopy was done from below and No. 6 ureteric catheters were passed upto 25 cms. mark in both the ureters. Both ureters started effusing urine,

From: Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Bombay-400 022.

Accepted for publication on 7-3-86.

and the latter also started coming into the bladder.

No. 16 Foley's catheter was passed into the bladder. The catgut sutures which were released at the angles of the lower segment incision were reinserted. Two intraperitoneal tube drains were kept in the flanks. The abdomen was closed as usual. Intraoperatively, two units of blood were given.

An intravenous pyelography was done 3 weeks later and showed dilatation of the left calyceal system with a slight irregularity and dilatation of left lower ureter. The right ureter and pelvic calyceal system were normal. The patient was discharged on the 18th postexploration day.