Obstructed Labour due to horseshoe pelvic kidney

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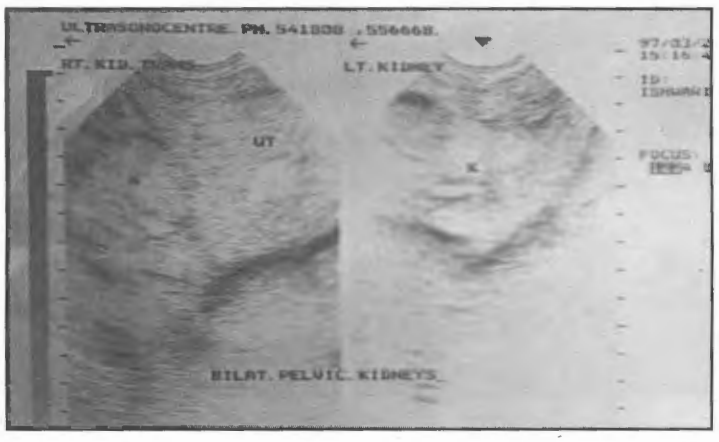
Though obstructed labour as such is not a rarity in a referral hospital, obstruction due to a soft tissue tumor, in this case a horseshoe pelvic kidney, is unusual. An horseshoe pelvic kidney results due to fusion of the median subdivisions of the primary metanephric bud, and the kidney fails to ascend completely. The condition is more frequent in males, the ratio being 8:3. In majority, the bridge joining the lower poles lies in front of the 4th lumbar vertebra. In our case the situation of the kidney was wholly below the pelvic brim thus obstructing the engagement and descent of the presenting part.



Ultrasound done 16th day postpartum showing close approximity of puerperal uterus and the kidney

Patient I w/o J aged 20 years, primigravida, was admitted in Sultania Zanana Hospital, Bhopal as an emergency unbooked immunized patient, referred from PHC, with complaints of ammenorrhea 9 months, mild labour pains 3 days and decreased fetal movements 3 days.

On admission patient was exhausted, tachycardia was present, BP 150/100 mmHg. P/A examination revealed tense uterus with high presenting part ? Vertex, fluid thrill present and fetal heart (localized by doptone) 136/mt regular. On per vaginal examination, Os dilated to 1 finger, cervix high up, uneffaced, show present, membrane +, presenting part high up, small vertex ballotable with excessive liquor, a huge mass, lobulated, irregular, cystic filling the posterior fornix and preventing engagement and descent of head.

With a provisional diagnosis of fullterm pregnancy with PIH with obstructed labour due to? ovarian tumor, patient was taken for LSCS. Routine investigations, Hb 10.5 gms%, urine albumin present+, sugar nil, blood group and type A+ve. LSCS under spinal anaesthesia was done, 2 litres of clear liquor drained, baby female 2.1 kg cried on table, no congenital malformations. The uterus was bicornuate, both adenexae were normal. The tumor mass was retroperitoneal, on the right side, the bean shape of kidney could be palpated in its upper half, the right kidney was lower while left kidney was enlarged and lobulated but both were wholly below pelvic brim. The lower poles could not be palpated properly but it appeared to be horse shoe shaped. Both renal fossae were empty.

The patient developed postpartum eclampsia (2 convulsions, 10 hours post C.section) controlled by intravenous magnesium sulphate. Her renal functions were normal - Blood Urea 30mg%, S. Creatinine .8mg%.

Pelvic ultrasonography done prior to discharge, confirmed bicornuate uterus, both renal fossae empty. Renal echoes in pelvic region on right and left side, right side renal pelvis distended. Pelvic horse shoe kidney.

Intravenous pyelography was done on 16th postoperative day and revealed grossly dilated short ureters, with dilated renal pelvis and normal bladder.

The patient was advised to report early to the doctor in next pregnancy, to guard against urinary infection and to attend SZH Bhopal for her next delivery.