Ectopic Pyonephrosis – A Case Report

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Ku. Sheshwati 16 years of age came to Gynae OPD with complaints of acute pain in abdomen which was agonising in nature. She was unmarried and was having regular periods. On examination, there was tachycardia with pulse 128/m BP-100/60mm. Acute tenderness over the abdomen was present. Suspecting the provisional diagnosis to be a twisted ovarian-cyst, patient was subjected to ultrasonography which revealed a cystic mass in the pelvis, measuring about 10cm x 12 cm. With the U.S.G. finding, conclusion was made that the patient was suffering from twisted ovarian cyst and immediate emergency laparotomy was decided upon. Preliminary investigations were carried out. Hb was within normal limits T.C was raised to 13,000/cum, polymorphs were raised to 78% Urine examination showed pus cells in plenty. Blood was arranged before taking up the case for laparotomy. At laparotomy the uterus and ovaries were of normal size. The lump was badly adherent to the bowels and impacted in the pelvis. Gradually the adhesions were separated and the lump was dissected from the surrounding tissues, serial clamps were applied and lump was freed. At one stage, we could recognise the ureter being cut in the clamp lower down in the pelvis. Since the lump was pathological, it had to be removed and gradually the renal-artery also was recognised which was supplying the lump. It was clamped and the lump was finally excised. After the lump was recovered from the pelvic cavity, it was bisected and about a litre of pus was obtained from it. The wall of the lump was thinned and attenuated. To our utter surprise the lump was nothing but ectopic pyonephrosis which was misdiagnosed preoperatively as ovarian cyst. It was confirmed later by histopatholgy, I.V.P. could not be done as the patient was in real agony when she came to hospital. Retrospectively patient gave the history that she used to have pain off and on and also hematuria along with pyuria in the past. Postoperatively patient behaved well, urine output was normal and her stitchs were removed on 8th day. Post operative I.V.P was done to know the status of the Rt. kidney. It showed normal, functioning Rt. kidney and absent left kidney. The patient was discharged on the 10th day of operation.

Glycine Induced Pulmonary Odema and DIC during Operative Hysteroscopy

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Excess of fluid absorption during operative hysteroscopy is one of the common complications but pulmonary odema and DIC is a rare combination when glycine is used as distending media during operative hysteroscopy.

Case Report:

26 year old Ms B.S came for laparohysteroscopic evaluation on 8.4.98. she was married for four years without any issues. Laparoscopy was within normal limits. Hysteroscopic evaluation revealed a septum extending upto internal os. Hysteroscopic resection of the septum was in progress with dual channel resectoscope. 1.5% Glycine was used as a distending medium. 12 litres of fluid was used and when the surgery was nearing completion increased pressure during ventilation was noted and frothy fluid started coming from endotracheal tube. Manual PEEP was given with 100% oxygen, Inj Lasix 100mg, deriphyllin and hydrocortisone 200mg was given. After 2 ½ hrs patient was extubated. SP O2 was maintained around 98%. Soon bleeding was noted from umbilical wound, gastric aspirate and urine. Bleeding time, clotting time was prolonged. Urine output was 1750cc. Serum Sodium was 115meq. Patient was transfused with fresh blood as components were not available. 3 units of blood was given. After 36 hrs in Critical Care Unit patient was transferred to ward. She was sent home on sixth post operative day. The operating room staff and anaesthesiologist should be aware of the the guidelines during surgery with resectoscope and potential dangers of fluid overload. Advice that one person should be assigned the responsibility of fluid input and ouput and deficit more than 1500cc calls for termination of surgery. Continuous positive pressure oxygenation prevents cerebral hypoxia and its sequele. Although most women recover uneventfully, cases of permanent morbidity or death have resulted from this complication.