Successful Pregnancy After Nephrectomy - A Case Report

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We report successful pregnancy outcome in a woman with single kidney complicated by severe pregnancy aggravated hypertension.

A 24 years old female, gravida 2, para 0, was referred to All India Institute of Medical Sciences, New Delhi with 7 months pregnancy and severe pregnancy aggravated hypertension. Four years back her first pregnancy was complicated by severe pregnancy induced hypertension at 24 weeks, resulting eventually in an intrauterine death, the pregnancy was therefore terminated. Two months after delivery, she developed haematuria and severe pain in right lumbar region when X-ray KUB suggested a right renal stone. Ultrasound and intravenous pyelography confirmed the same. A nephrolithotomy was performed for the renal stones and subsequent to the surgery, she remained asymptomatic over the next two years. Two years later, her subsequent pregnancy was complicated with recurrent lumbar pain and hematuria which were treated conservatively. At 20 weeks she further developed severe hypertension and eventually intrauterine death at 29 weeks. On investigation in the postpartum period renal functions were deranged with left sided multiple renal stones (Fig.1). In view of a nonfunctioning left kidney, nephrectomy was done. She remained well over the next one year.

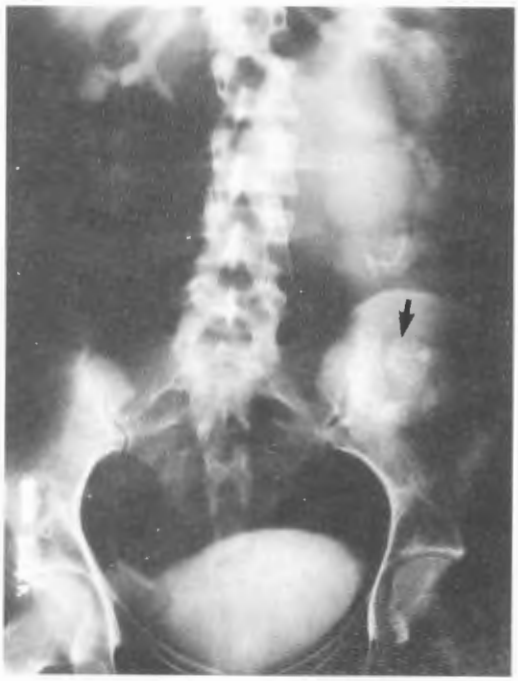

Fig. 1

In the current pregnancy, she developed hypertension as early as 16 weeks requiring antihypertensive (methyldopa) and low dose aspirin. The pregnancy progressed till 28 weeks when her blood pressure rose to 160/110 mmHg requiring higher doses of antihypertensive drugs (methyldopa 500mg, four times a day + Nifedipine 20mg, four times a day + Prozosin 2.5 mg once a day). She developed intrauterine growth retardation of approximately four weeks on clinical and ultrasound evaluation. Her pregnancy was monitored strictly and prolonged till 33 weeks, when a decision to terminate was taken for absent-end-diastolic flow on Doppler examination and poor Manning score. A 1.14 kg male baby was delivered by caesarean section. Postoperative period was uneventful and antihypertensives were tapered to optimal doses. The baby was kept in the neonatal intensive care for 4 weeks for respiratory distress and eventually improved. The mother and baby were discharged in good condition.