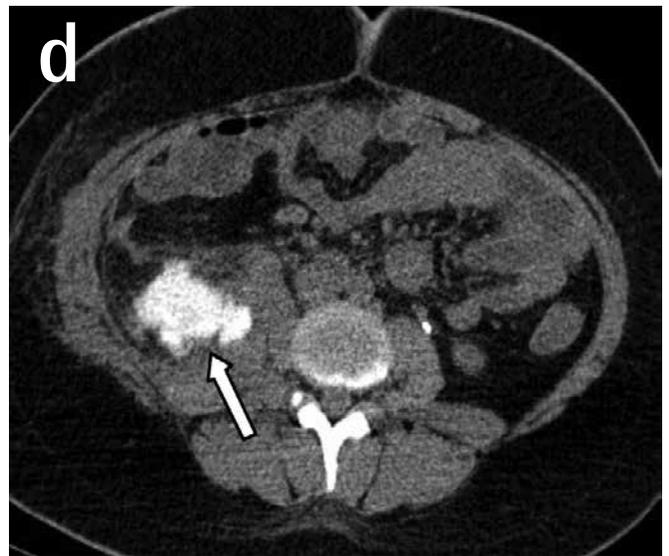


Percutaneous Management of Iatrogenic Ureteral Injury

Devrim Akinci

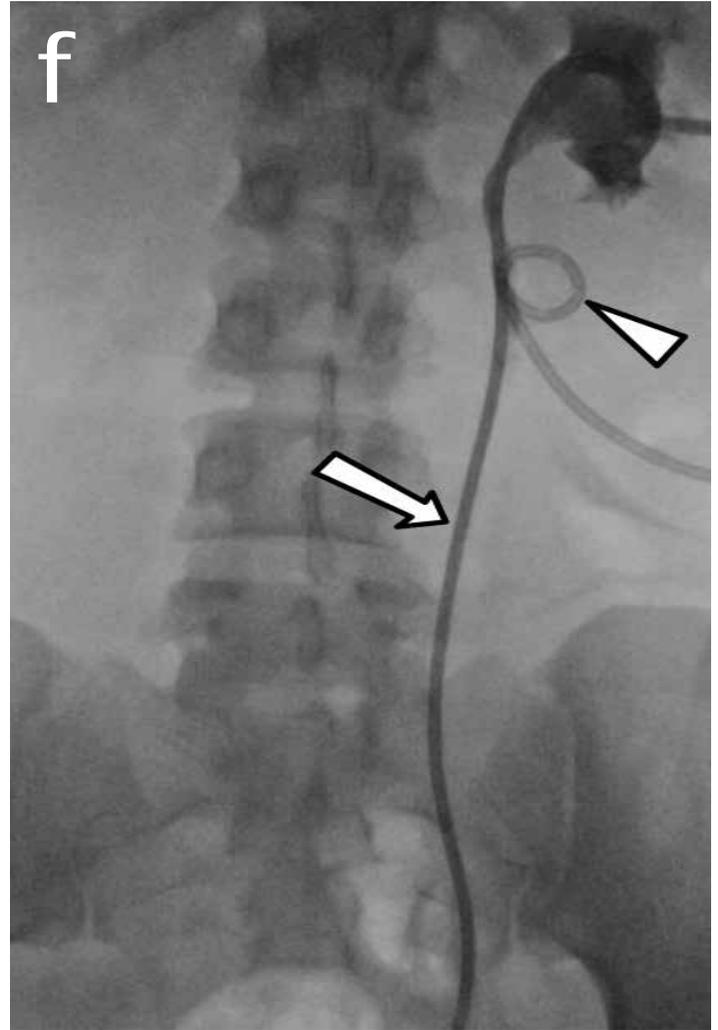
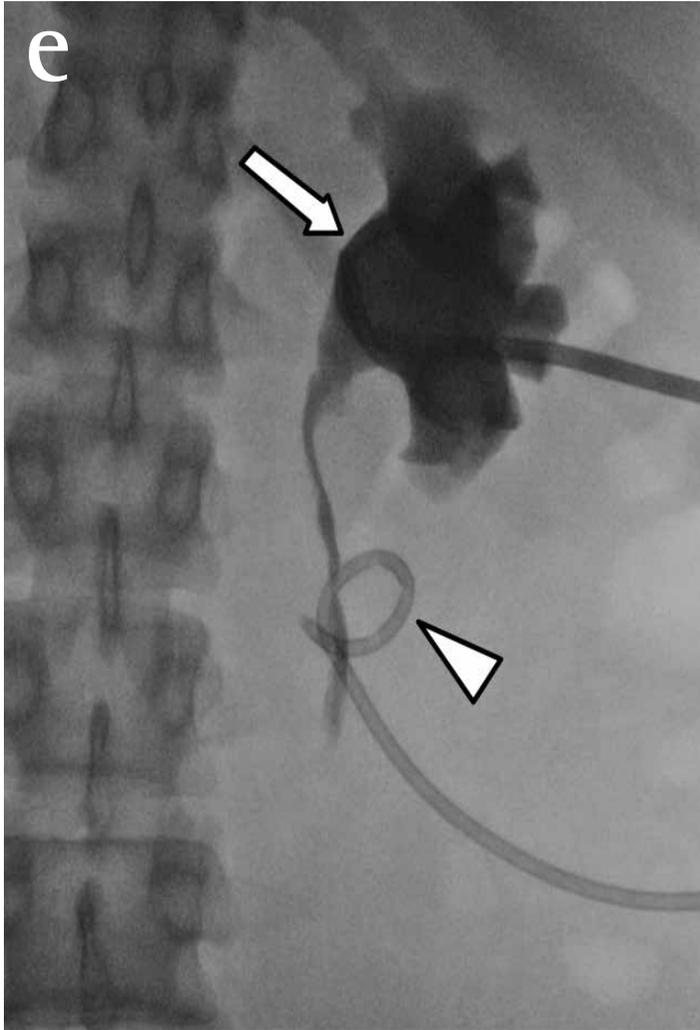
Hacettepe University Faculty of Medicine, Department of Radiology, Ankara, Turkey

Twenty-five year old woman had pyelolithotomy due to right renal stones and a DJS had been placed. After removal of the DJS, she developed right flank pain and fever. She had elevated WBC. Delayed phase contrast enhanced computed tomography (CT) (a-d) showed contrast extravasation from right proximal ureter (arrow) consistent with ureteral injury and retroperitoneal urinoma (arrow).



Percutaneous nephrostomy and urinoma drainage was planned. Under US and fluoroscopy guidance a 10 Fr nephrostomy catheter was placed into right renal pelvis percutaneously (arrow). And urinoma was drained with a 10 drainage catheter percutaneously (arrowhead) (e). Thirty cc purulent material was aspirated. Intravenous antibiotic (ampicillin-sulbactam) was started.

After resolution of infection symptoms, an antegrade 8 Fr 24 cm DJS was placed (f). The next day, since there was no drainage from the urinoma catheter, it was removed.



The patient was followed with DJS for 5 months. During this time, DJS was exchanged once. She has been asymptomatic since removal of the DJS.