Pyonephrosis drained by double-J catheter

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Abstract

A 74-year-old female with cervical cancer post radical hysterectomy developed bilateral ureter stricture with pyonephrosis. Retrograde ureteric stent was performed and it was considered an effective procedure other than percutaneous nehrostomy and nephrectomy.

Pyonephrosis drained by double-J catheter

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Keywords

Pyonephrosis, hydronephrosis, double-J catheter, ureteric stent

Key Clinical Message

Pyonephrosis is an infectious disease with obstructive hydronephrosis, causing suppurative destruction of the renal parenchyma. Retrograde ureteric stent is a good choice for drainage of pyonephrosis other than percutaneous nehrostomy and nephrectomy

Case summary

• A 74-year-old female had cervical cancer post radical hysterectomy, lymphadenectomy and salpingooophorectomy. Bilateral ureter stricture with regular double-J catheter revision was impressed. The latest bilateral double-J catheter revision was performed three months ago. Abdomen computational tomography revealed persistent bilateral hydronephrosis (Fig 1). Thus, bilateral double-J revision was performed. Cystoscopy shown turbid urine with right double-J catheter dislodged. After replacement of the right double-J catheter, pus like material effluxed from side hole of double-J stent which confirmed the diagnosis of pyonephrosis (Fig 2, Video).

• Pyonephrosis is an infectious disease usually accompanied with obstructive hydronephrosis, causing suppurative destruction of the renal parenchyma. Retrograde ureteric stent is a good choice for drainage of pyonephrosis other than percutaneous nehrostomy and nephrectomy [1].

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Ethics approval and consent to participate

Approval for the study was obtained from the institutional review board of Kaohsiung Municipal Ta-Tung Hospital

Consent for publication

Informed consent was obtained from the patient for the publication of this case report.

Availability of data and materials

The authors do not wish to share the patient's data. The privacy of this participant should be protected.

Competing interests

The authors declare no conflicts of interest.

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Authors' contributions

Chun-Nung Huang performed the surgery. Che-Wei Chang reviewed this case, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript.

Reference

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