

Cystic Retroperitoneal Mass Due to Ureteral Injury as an Outcome of Lumbar Disc Hernia Operation

Süha Akpınar,¹ Güliz Yılmaz,^{1*} Emre Çelebioğlu²

Retroperitoneal organ injury, especially ureteral injury, is a rare complication associated with surgical repair of lumbar disc hernia (LDH).⁽¹⁻³⁾ A 44-year-old male patient was admitted to the urology department with a history of left flank pain, fever, and intermittent hematuria. He had a history of repeat surgical repair of an LDH at the same level 1 month previously. Ultrasound examination revealed a multiloculated cystic mass anterior to the psoas muscle, and abdominal computed tomography scan showed grade 1 hydronephrosis with proximal ureteral dilatation and free fluid in the pelvis (**Figure 1A and B**). A 10 French (F) pigtail ureteral drainage catheter was percutaneously inserted into the cystic mass under ultrasound guidance with a prediagnosis of abscess or urinoma (**Figure 2**). Owing to continuous urine drainage, antegrade pyelography was performed at the time of fluoroscopy and revealed ureteral discontinuity and extravasation of contrast material (**Figure 3**). Therefore, a 10 F nephrostomy

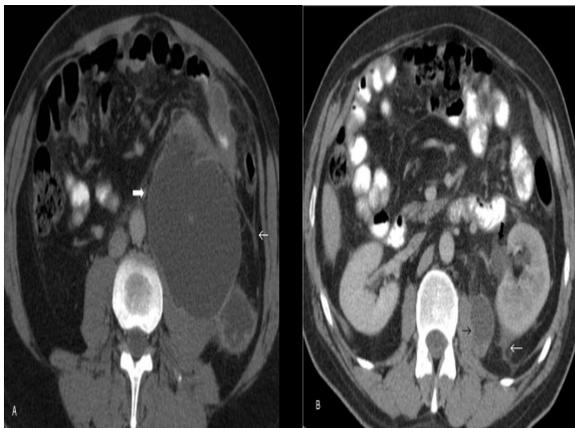


Figure 1. Axial computed tomography scan of the abdomen. (A) A retroperitoneal multiloculated cystic mass is indenting the left psoas muscle (thick arrow), and lateroconal fascial thickening is present (thin arrow). (B) Grade 1 hydronephrosis (thick black arrow), posterior perirenal fluid (white arrow), and a cystic mass anterior to the left psoas muscle (thin black arrow) are evident.



Figure 2. Axial computed tomography scan of the abdomen. A 10 French pigtail ureteral catheter is draining the giant urinoma (arrow).

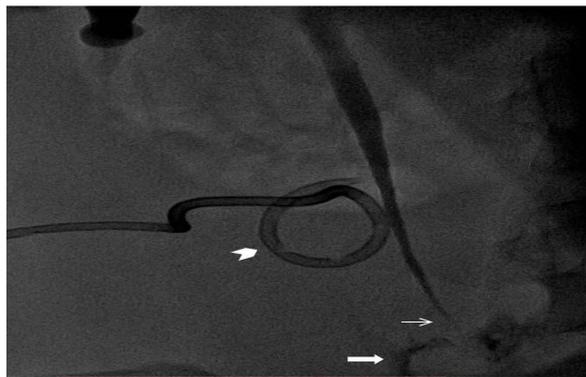


Figure 3. Antegrade pyelography. Mid-ureteral discontinuity (thin arrow), contrast material extravasation distal to the ureteral avulsion (thick arrow), and insertion of the pigtail catheter into the retroperitoneal urinoma (arrow-head) are shown.

¹ Department of Radiology, Faculty of Medicine, Near East University, Nicosia, North Cyprus, Turkey.

² Department of Radiology, Burhan Nalbantoğlu State Hospital, Nicosia, North Cyprus, Turkey.

*Correspondence: Department of Radiology, Faculty of Medicine, Near East University, Nicosia, North Cyprus, Turkey.

Tel: +90 392 6751000. Fax: +90 392 6751090. E-mail: glz.yilmaz@hotmail.com.

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my catheter was placed in the collecting system of the left kidney to control the extravasation of urine. End-to-end ureteroureterostomy was followed by double J ureteral catheter placement, and the catheter was left in place for 2 months. During the follow-up period, the extravasation of urine stopped and hydronephrosis resolved without any narrowing at the ureteral injury site.

CONFLICT OF INTEREST

None declared.

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