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Unilateral ureteral accompanying vessels successfully nourish allograft ureter in cadaveric renal transplantation

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The distal part of allograft ureter will suffer from ischemia necrosis after an end-to-end ureteral anastomosis repair when a complete transection injury occurred at the proximal part. However, it is still ambiguous whether the distal part of allograft ureter can survive when only partial transection injury occurred at the proximal part. We reported a renal transplantation patient who received a cadaveric donor kidney with ureteral transection injury occurred at the proximal part. The proximal ureter, 2 cm next to hilus renalis, was partially injured with 2/3 diameter sharply transected by tissue scissors during procurement procedures. The lateral ureteral accompanying vessels were completely transected with the medial vessels intact. Patient completely recovered after management of urinary leakage at the injury site. Our experience with allograft ureteral injury management showed unilateral ureteral accompanying vessels can provide enough blood supply for nourishing the whole allograft ureter. The injury should be repaired during bench surgical preparation of graft and urinary leakage can be prevented after leaving ureteral stent no less than 6 months. This report will help transplant surgeons to make a decision whether abandon the distal part of allograft ureter when partial transection injury occurred at the proximal part of ureter, especially when performing ureteroureterostomy to native ureter can not be a very ideal option.

Biography

Zhao Da-Qiang has completed his PhD in 2010 from Sun Yat-sen University of Medicine and Post-doctoral studies from Utah University of Medicine in 2012 and 2014. He is attending Kidney Transplantation department, Third Affiliated Hospital of Sun Yat-sen University, China. He has published more than 20 papers in Kidney Transplantation field.

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