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A novel approach to locating a hypoplastic kidney in a unique variant of uterine didelphys syndrome presenting with continuous incontinence**Kathleen Lockhart and Alison Blatt**
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Continuous incontinence from ectopic ureteric insertion can be a diagnostic dilemma. When associated with a hypoplastic kidney correct identification and rectification of the anatomical abnormality is more complex. We present a case of delayed diagnosis of ectopic ureter in a 21 year old female causing continuous low-volume incontinence from a hypoplastic kidney in association with uterine didelphys. With failure of routine imaging (including MRI and CT) to clearly identify a right renal tract, nuclear medical DTPA renogram was performed with successful identification of a poorly functioning remnant kidney. Cystoscopy then demonstrated a left orthotopic ureteric orifice and hemitrigone and we found a right ectopic ureteric orifice on vaginoscopy of the right hemivagina posterior fornix. Intraoperative identification of the right hypoplastic kidney was enabled with a unique approach of Intravenous Indocyanine Green (ICG) under Near-Infrared Fluorescence (NIRF) and right laparoscopic nephrectomy performed successfully. The patient progressed well post-operatively with complete and immediate resolution of her incontinence. It is important to have a high index of suspicion for renal aberrations in patients with congenital Mullerian tract abnormalities, even in those previously diagnosed with unilateral renal agenesis following ultrasound imaging. In healthy renal parenchyma the transporter bilitranslocase binds ICG and appears isofluorescent when perfused with ICG laden blood, with current applications including partial nephrectomy (identifying tumour margins), ureteral reconstruction, lymph node dissection and robotic surgery. This is the first time to our knowledge that intravenous ICG has been used intraoperatively to identify renal tissue to enable complete resection of a remnant hypoplastic kidney.

Biography

Kathleen Lockhart has completed her Bachelor of Medicine from Bond University and her Internship at Townsville Hospital and Health Service, Queensland. She is currently working as an General Surgery Registrar with Hunter New England Health, NSW and has a keen interest in urology.

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