

Case	(373) Spontaneous rupture of renal pelvis due to ureteral obstruction: beyond renal stones.
Authors	J. Blanc Molina, B. Lumbreras Fernández, M. González Gordaliza, A. Arribas Marcos, B. Alba Pérez, A. López-frías López-jurado.
Centre	Hospital Universitario Ramón Y Cajal.

## CASE PRESENTATION

A 76 year-old man was admitted to our Emergency Department with non managed right abdominal pain that started 7 days before and history of stage IV (hepatic disease and peritoneal carcinomatosis) stenosing transverse colon cancer treated with chemotherapy and a metallic stent. He had visited our hospital three times the previous days because of the abdominal pain. Laboratory tests revealed an acute decreasing renal function and an increased CRP.

A metallic stent complication was suspected, so an abdominal CT was performed. It revealed an edematous right kidney with slightly delayed nephrogram, perirenal and intraabdominal fluid and a right ureterohydronephrosis due to ureter obstruction by a probable peritoneal implant next to the iliac vessels crossing (seen in the previous CT).

Because of that findings, we decided to make a delayed post-contrast phase CT, that showed extravasation of the contrast media from the right renal pelvis.

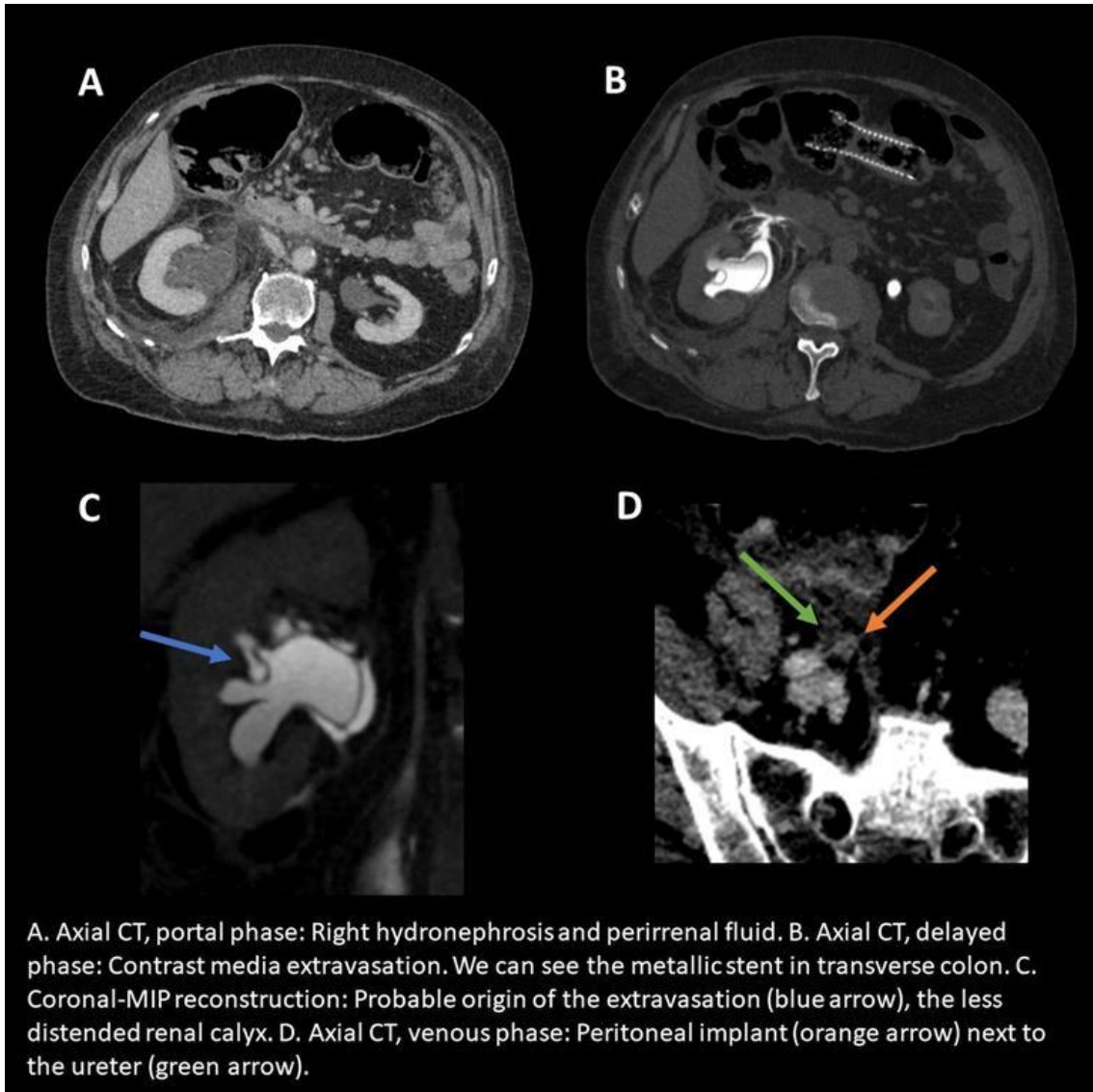
## DISCUSSION

Our diagnosis was the spontaneous rupture of the upper urinary system due to pyeloureteral hyperpressure produced by the ureter obstruction. The most common cause of urinary tract rupture is obstruction caused by a ureteric lithiasis.

Nevertheless, there are other causes, including malignant extrinsic ureteric compression (as showed in our cause) and iatrogenic ones. The fornix is the most common site of rupture followed by the upper ureter.

## CONCLUSION

The presence of both perirenal fluid and hydronephrosis should make us think about urinary system rupture and a delayed post-contrast phase CT phase must be performed. Clinical presentation is diverse and sometimes difficult to suspect.



## BIBLIOGRAPHY

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