

Case	(651) Stenosis of the ureteropelvic junction by aberrant vessel as a cause of intermittent abdominal pain in the adult.
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CASE PRESENTATION

A 44-year-old woman who goes to the emergency room for severe intermittent abdominal pain, with clinical suspicion of epigastric pain secondary to the intake of NSAIDs, for low back pain of repetition Abdominal ultrasound is requested showing hydronephrosis grade III left of undetermined cause.

The study is completed with UROTC that shows a vascular crossing that conditions ureteropelvic junction stenosis due to an accessory artery branch of the aorta that irrigates the lower renal pole, as a cause of hydronephrosis.

DISCUSSION

The Ureteropelvic junction (UPJ) stenosis constitute the most frequent cause of hydronephrosis in childhood, with an incidence of 1/10002000 newborns, with male predominance 2/1.

It is generally bilateral and asymmetric and associated with other urinary tract malformations such as Vesicoureteral reflux and obstruction of the ureter-bladder junction. It is usually secondary to congenital malformations of the ureteral muscular layers that prevent the conduction of the peristaltic wave in the collector system.

Delayed diagnosis can lead to severe damage to the renal parenchyma. When presented in adulthood, it tends to be secondary to extrinsic compression usually conditioned by aberrant vessels, branches of the renal artery or aorta that normally irrigate the lower pole of the kidney.

Other causes include retroperitoneal fibrosis, postsurgical bridges, and less frequently angulation of the ureter. The increase in pyelocaliceal pressure only occurs when a certain amount of urine accumulates, which explains, as in our case, the intermittent abdominal pain clinic of the patients.

Treatment is the pyeloplasty after which renal function tends to recover.

CONCLUSION

Although UPJ stenosis is usually diagnosed during childhood, it may debut late in adulthood and extrinsic compression of the Union by aberrant vessels is usually the cause. In the face of intense intermittent abdominal pain, an adequate clinical examination must be carried out and we should think about this relatively frequent entity

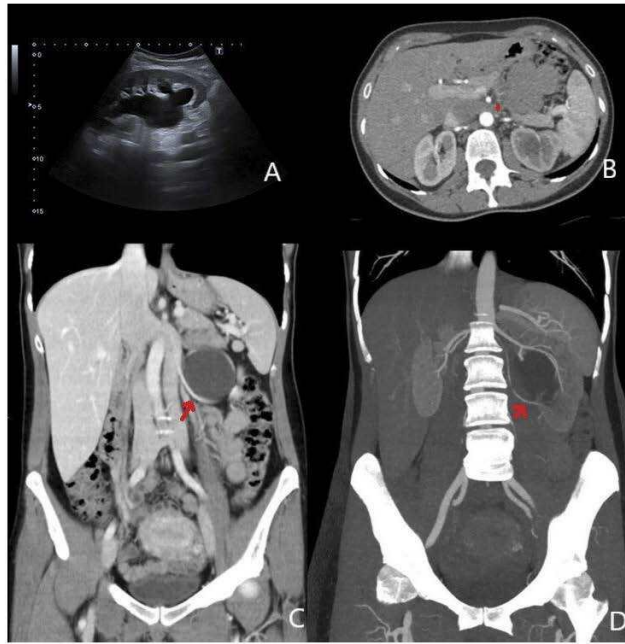


Fig.1 (A).Abdominal ultrasound is requested showing hydronephrosis grade III. **(B)**Axial contrast CT shows the output of an accessory branch anterior to the renal artery (arrow head). **(C)** Coronal contrast CT and **(D)** MIP reconstruction show an accessory artery that stenoses the ureteropelvic junction and produces hydronephrosis (red arrows)

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