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# Colossal hydronephrosis caused by pelvi-ureteric junction obstruction

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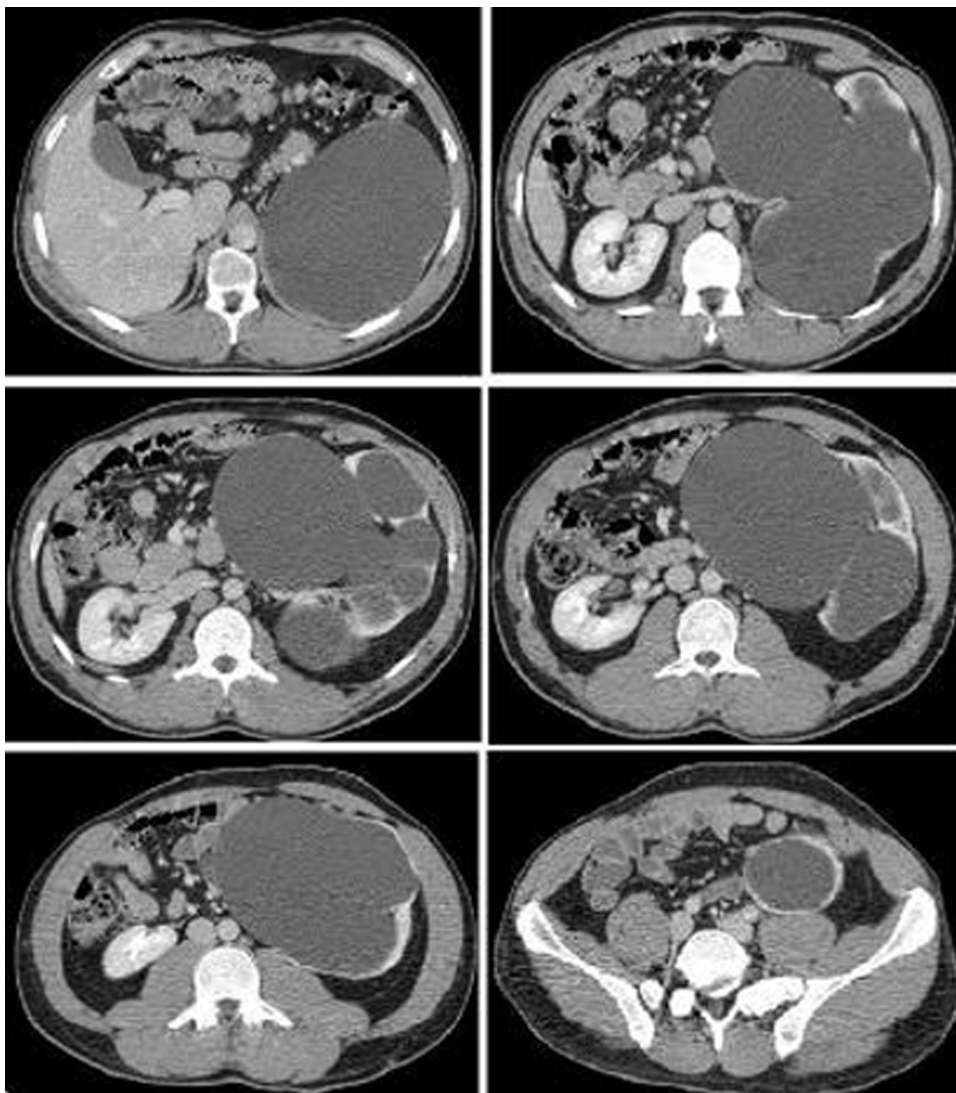
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## DESCRIPTION

A 36-year-old man presented with increasingly colicky left abdominal pain radiating to left loin with normal haematological and biochemical investigations. His ultrasound showed gross left hydronephrosis which was followed by CT with standard urogram protocol, CT images are presented here (figure 1). There is gross severe

hydronephrosis of the left kidney with a significantly enlarged renal pelvis; the transition point noted at the pelvi-ureteric junction (PUJ) consistent with a PUJ obstruction. There is enhancement of the residual atrophic renal cortex which is extremely thin and almost absent in areas. There was also significantly delayed excretion of the left kidney with a crescent of contrast excretion noted in the



**Figure 1** CT urogram: colossal left hydronephrosis.

dependent portion of the inferior calyces and pelvis. The right kidney has normal appearance with delayed scan (at 25 min) demonstrating normal opacification of the pelvicaliceal system and ureter on the right. Tc-99m-labeled mercaptoacetyl triglycine (Tc-99m MAG3) renogram confirmed obstructed non-functioning left kidney and a normally functioning right kidney. Patient underwent a left

nephroureterectomy with no malignancy found. He had uneventful recovery. No cause of the obstruction is identified in this patient but it is likely to be congenital or childhood related pathology.

**Competing interests** None.

**Patient consent** Obtained.

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