Urinoma formation following laparoscopic oophorectomy

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DESCRIPTION

A 38-year-old woman underwent a laparoscopic oophorectomy using a harmonic scalpel to remove a 8×10 cm cyst. Four days after the procedure she presented to A&E with sharp increasing lower abdominal pain associated with fever, reduced appetite, constipation, dysuria and increased urinary frequency. Investigations revealed a raised C reactive protein and mildly elevated creatinine. She was discharged for A&E with antibiotics for a presumed pelvic infection.

She represented 3 weeks later with severe abdominal pain and persistent constipation. She was admitted and treated with laxatives. Five days into her admission she continued to complain of abdominal pain which was now radiating to her

back. She was passing dark, concentrated urine and her abdomen was distended. At this point, a pelvic ultrasound scan was performed which showed a 16 cm×9 cm×13 cm multiloculated cyst in her left adnexa (figure 1).

The following morning she underwent an emergency laparotomy which revealed a thick-walled, fluid-filled structure posterior to the uterus. Needle aspiration of the cyst revealed urine. A urologist was called to theatre and a cystoscopy was performed. This demonstrated a leak from the lower third of the ureter. A stent was placed across the damaged segment of the ureter and the patient made a full recovery.

Learning points

- ▶ The increasing use of laparoscopic surgery has led to an increased incidence of ureteral injuries, especially in gynaecological procedures.
- ▶ A potential ureteral injury should be considered as a differential diagnosis when patients present with abdominal pain following laparoscopic procedures.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

Figure 1 Pelvic ultrasound showing 16 cm×9.3 cm×13 cm cystic structure.

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