Diagnosis and management of symptomatic residual ureteral stump after nephrectomy

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DESCRIPTION

An 8-year-old boy presented with a history of open nephrectomy 1 year prior for non-functioning right kidney with recurrent febrile urinary tract infection (UTI) with bilateral vesicoureteric reflux (VUR) (right grade V and left grade IV). One month after surgery, he did not have any episodes of febrile urinary tract infection but had recurrent right abdominal pain. He had a good urinary stream and no evidence of voiding dysfunction. He was managed conservatively with antibiotics and analgesics but the episodes of pain recurred. He had no fever. Cystogram was performed under culture-based antibiotic cover, which revealed high-grade reflux in the redundant residual ureteric stump along with left VUR. [Figure 1](#) shows the filling phase of the cystogram and [figure 2](#) shows the voiding cystourethrogram. A diagnosis of recurrent stumpitis was made and the child underwent right laparoscopic stumpectomy with left deflux injection. The child is now asymptomatic at 6 months of follow-up with no right flank pain.

Ureteral stumps left after nephrectomy for primary vesicoureteral reflux, even though high grade, present a low rate of complications.¹ Most remain asymptomatic, although recurrent bacteriuria, haematuria, stones and even malignancy are known. Owing to the low incidence of complications associated with a refluxing ureteral stump, nephrectomy and proximal ureterectomy has been

Figure 2 Voiding cystourethrogram.

recommended as the standard procedure for reflux into a non-functioning kidney.² If a symptomatic ureteral remnant is present, then distal ureterectomy decreases the rate of symptomatic UTIs in these patients.³

Figure 1 Filling cystogram.

Learning points

- ▶ Nephrectomy and proximal ureterectomy is recommended as the standard procedure for reflux into a non-functioning kidney.
- ▶ Incidence of symptomatic ureteral stump after nephrectomy for high-grade vesicoureteric reflux is low.
- ▶ In rare cases, the residual stump is symptomatic, and excision of the stump is curative.

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Competing interests None.

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