

Iatrogenic ureteric injury complicated with large life threatening retro-peritoneal abscess, treated with minimal invasive techniques; A case report

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Introduction Though ureteric injury is a rare complication of surgical intervention, an unrecognized injury can lead to significant complications. Diagnosis of a large abscess usually necessitates operative intervention in order to evacuate and drain the space. An alternative approach would be percutaneous image guided drainage.

We present a case of delayed diagnosis of ureteric injury complicated by a large, life threatening retro-peritoneal abscess that was managed without surgical intervention.

Case presentation A 41 year-old healthy male was treated with ureteroscopic lithotripsy. Presented with pyrexia, supra-pubic & flank pain and elevated inflammatory markers 20 days after the surgical intervention. A non Contrast CT KUB on the day of admission revealed retroperitoneal fluid collection with features suggestive of an emphysematous pyelonephritis. Inflammatory markers were raised. A Contrast CT KUB done on 4th day revealed a large retro-peritoneal abscess.

Discussion Immediate identification and correction of a ureteral injury during a surgical procedure is usually difficult. The late detection of a ureteric injury can pose serious challenges to the clinician. Ureteric injuries can be managed with laparoscopy and minimally invasive techniques such as retrograde or antegrade stent placement, percutaneous nephrostomy tube placement, and wire recanalization. But presence of a giant retroperitoneal abscess strongly requires operative intervention. In our case, we managed both the large retroperitoneal abscess and the ureteral injury with minimally invasive techniques.