

## Case Report on the Longest Ureteric Stone(22.9 cm) Causing uretero-cutaneous Fistula with non-function ipsilateral kidney

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### Abstract:

Eighty-two years old male; presented suffering of Rt flank pain and buttock cutaneous fistula discharge. He was referred by general surgeon who witnessed, via plain abdominal X-Ray a very long giant radiopaque shadow in the course of the Rt ureter after recurrent drainage of Rt buttock abscess. The referral was intended for further exploration to be carried out at our department. An IVU was done on the patient which showed very long Rt ureteric stone (22,9 cm length and one cm width) with non- functioning ipsilateral kidney while Lt kidney function was normal. Besides,. Rt Nephroureterectomy was done on the patient for the purpose of extracting the ureteric stone, in the course of the operation fistulous tract was communicated to the infected Rt Ureter. The patient postoperative course was uneventful, and he was discharged after one week of operation without complications

**Keywords:** the longest, stone, ureter, fistula

### 1. INTRODUCTION

Ureteral stones are usually of small size and thus such stones may pass spontaneously... However, stones larger than one cm in diameter are less likely to pass spontaneously. An impacted calculus may continue to increase in its longitudinal diameter rather than the transverse diameter after some time and become oblong in shape. In this era endourology, most of ureteric stones are treated by minimally invasive or non-invasive procedures. However, in giant ureteric stones, open ureterolithotomy still remains the procedure of choice due to their high stone volume and hardness. We are reporting a case of a giant ureteric calculus of 22.9 cm in length and one cm in width causing uretero-cutaneous fistula and non-function ipsilateral kidney.

### 2. CASE PRESENTATION

Eighty-two years old male presented suffering of Rt flank pain and buttock cutaneous fistula discharge. The referral was intended for further exploration to be carried out at our department by general surgeon, who witnessed via a plain abdominal X-Ray a very long giant radiopaque shadow in the course of the Rt ureter after the drainage of Rt recurrent buttock abscess for further investigation in our department. His blood chemistry

showed creatinine within normal value. A, IVU done for the patient which showed a very long radiopaque ureteric stone (22.9 cm), non-functioning Rt kidney while, normal functioning of Lt kidney was witnessed... Referring to literature we considered this ureteric stone is the longest one among others. Renal isotopes scan was performed, that showed non-functioning Rt kidney. Rt nephroureterectomy was done, for the patient with extraction of the ureteric stone. During the operation, fistulous tract was communicated to infected Rt ureter. His postoperative course was uneventful and discharged after one week of operation without complications. Fig (1-3).



Fig 1) KUB :Rt long ureteric stone.

Fig 2) IVU::Non function Rt kidney with ureteric stone



Fig 3) KUB after Nephroureterectomy with stone extraction

### 3. DISCUSSION AND CONCLUSION

Giant ureteric stones are defined as ureteric stone measuring more than 5 cm or weighed more than 50 gr (1). The largest calculus so far was reported by Taylor which was 21.5 in length (3) and in 1998 Sabnis et al reported the largest ureteric stones measuring 13cm in length and weighing 90 gr (4). These patients are normally presented with colicky pain, fever with chills and history of similar episode in the past. The American Urological Association (AUA) guidelines, which are based on a meta-analysis of the literature indicate that up to 98% of ureteral calculus 4mm or smaller will pass spontaneously (5). Most of the patients with ureteric calculi of stone size varying from 0.5-1 cm were effectively treated either by endo-urologic procedures or medical expulsion therapy or non-invasive modalities like extracorporeal shock wave lithotripsy. We rarely encounter ureteric stones, which are very big and measure more than 5 cm. Since these stones can remain silent, they are found accidentally, as our presented case, on abdominal radiograph taken for some other reason, hence leading to permanent renal damage and dysfunction

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