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Rupture of solitary kidney after flexible ureterorenoscopy

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Case Presentation: 44 year old female with 1cm lower pole stone and small parenchymal stones. She presented electively for flexible ureterorenoscopy and laser lithotripsy. She has a past medical history of previous right simple nephrectomy 2009 and previous left FURS + PCNL January 2011. The operation was uneventful. A standard access sheath was used and a new pressure flushing device was used which provided excellent views. A JJ stent was inserted and the patient was transferred to the recovery department. Whilst there she developed haemorrhagic shock.

Management: After a successful fluid resuscitation a post-operative CT scan showed a large actively bleeding haematoma around the left kidney. She underwent a renal angiogram which showed active extravasation into the haematoma surrounding the kidney. Extravasation was controlled by selective embolization. Post-procedure she was transferred to ITU and had a morbid recovery period. This was complicated by 5 cardiac arrests, multi-organ failure, parieto-occipital CVA, left hemiparesis, respiratory infection and septic shock.

She was discharged from hospital 2 months later, after making a full recovery. Her kidney function normalized, however she was left with persistent left finger-tip paraesthesia.

Discussion: She sustained an upper pole kidney rupture (grade 5 lesion) through vigorous use of new manual pressure flushing device in her single kidney. As the pressure flushing device was new the surgical team was inexperienced in the use of it. This led to the above iatrogenic injury. It is important that the surgical team is familiar all their instruments.

Conclusion: All new devices should be carefully scrutinized by the surgical team, as they can be the source of iatrogenic injury.