

요관 깔대기막힘에 의한 중증 태아 수신증 1예

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A Case of Severe Prenatal Hydronephrosis due to Ureteropelvic Junction Obstruction

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Fetal hydronephrosis is the most common anomaly found in 0.95% to 1.4% of fetuses. The majority are physiologic and transitory hydronephrosis with spontaneous resolution. But there are some cases at risk of persistent hydronephrosis resulting in renal damage, requiring careful observation and surgical intervention.

Here we report a case of severe unilateral hydronephrosis due to ureteropelvic junction obstruction. Prenatal ultrasonography at 21 weeks and 32 weeks showed right hydronephrosis (24.5 mm and 50 mm in anterior-posterior renal pelvic diameter, respectively) and a single umbilical artery. It also showed otherwise normal organ image and amniotic fluid was adequate for gestational age. Postnatal sonography at postnatal 3 day revealed severe right hydronephrosis due to ureteropelvic junction obstruction and a percutaneous nephrostomy was performed. Follow-up abdominal sonography at 7 weeks showed persistent severe hydronephrosis and the MAG-3 renogram showed decreased renal function, so the infant was performed pyeloplasty at 3 month. After pyeloplasty, the nephrostomy was removed. But, follow-up sonography on 40 days after surgery showed severe hydronephrosis of Rt. kidney suggestive of ureteropelvic junction obstruction, and 2nd nephrostomy was performed until 12 months. And he had developed recurrent urinary tract infection up to 5 times by 17 months. But the ultrasonography at 17 months showed the improvement of hydronephrosis of Rt. kidney, and he had no longer urinary tract infection. He had been followed-up with normal renal function and normal blood pressure.

Key Words : 수신증, 초음파, 수술

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