Stone in Ectopic Pelvic Pancake Kidney: A Surgical Challenge
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Clinical Image

A 40 years old without a specific history who presents hypogastric pain associated with urinary signs type dysuria, pollakiuria. Biologically renal impairment with creatinine at 45 mg/l/min, ECBU is negative. Radiologically, abdominal ultrasound objective absence of visualization of the two kidneys with a pelvic renal ectopia is the seat of multiple stones, supplemented by an abdominal CT without injection of contrast product which confirms the presence of a dilation. Kidney laminating the parenchyma on a pancake lithiasic pelvic kidney driving back the bladder in the anterior. After discussion with the patient, an exploratory umbilical laparotomy with possibly nephorolithotomy for the extraction of the stones was proposed but the patient refused the procedure.

Pancake kidney is rare and usually asymptomatic. Surgical intervention may be needed at complicated cases. Careful preoperative scrutiny of imaging can guide surgical therapy. More research is needed to establish the standard management of these patients.

Figure 1: A) Pelvic ultrasound B) Urinary tree without preparation C) Sconnographic frontal section D) Axial scaphographic section showing a lithiasis pancake kidney.

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