Ureterovesical Junction Obstruction

Excretory urogram showing ureterovesical junction obstruction in a 2-year-old girl.

Retroperitoneal Fibrosis

A–H. Idiopathic retroperitoneal fibrosis: computed tomography scans of the abdomen before (left panels, note right ureteral stent and mild left ureteropyelocaliectasis) and 7 years after ureterolysis (right panels, note omental interposition). Retroperitoneal fibrosis is characterized by the accumulation of inflammatory and fibrotic tissue around the aorta, between the renal hila and the pelvic brim. Most cases are idiopathic; the remainder are associated with immune-mediated connective tissue diseases, ingestion of drugs such as methysergide, abdominal aortic aneurysms, or malignancy. Idiopathic retroperitoneal fibrosis can be associated with mediastinal fibrosis, sclerosing cholangitis, Riedel’s thyroiditis, and fibrous pseudotumor of the orbit. In the clinical setting, patients with idiopathic retroperitoneal fibrosis exhibit systemic symptoms such as malaise, anorexia, and weight loss, and abdominal or flank pain. Renal insufficiency is often seen and is caused by bilateral ureteral obstruction. Laboratory test results usually demonstrate anemia and an elevated sedimentation rate. The treatment is directed to the release of the ureteral obstruction, which initially can be achieved by placement of ureteral stents. Administration of corticosteroids is helpful to control the systemic manifestations of the disease and (Continued on next page)
often to reduce the bulk of the tumor and relieve the ureteral obstruction. Administration of corticosteroids, however, should be considered only when malignancy and retroperitoneal infection can be ruled out. As in other chronic renal diseases, administration of corticosteroids should be kept at the minimal level capable of controlling symptoms. Surgical ureterolysis, which consists of freeing the ureters from the fibrotic mass, lateralizing them, and wrapping them in omentum to prevent repeat obstruction, is often necessary. Other immunosuppressive agents have been used rarely when the systemic manifestations of the disease cannot be controlled with safe doses of corticosteroids. In most cases the long-term outcome of idiopathic retroperitoneal fibrosis is satisfactory [75–77].
Tubulointerstitial Disease

References


Reflux and Obstructive Nephropathy