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Clinical Image

Spontaneous Urinary Extravasation: An Unusual Presentation of Distal Ureteric Calculus

Fouad Hajji* and Ahmed Ameur
Department of Urology, Mohammed V Military University Hospital, Morocco

***Corresponding author:** Fouad Hajji, Department of Urology, Mohammed V Military University Hospital, Ryad Street-10100, Rabat/Morocco

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Clinical Image

A 29-year-old man presented with sudden onset of left iliac fossa pain, nausea, vomiting and fever. He reported a previous episode of intractable renal colic 10 hours before, which was spontaneously resolved. Contrast Enhanced Computed Tomography (CECT) of the abdomen showed distal Ureteric calculus and urinary leakage by rupture of both calyceal fornix and ureteropelvic junction, consistent with diagnosis of spontaneous urinary extravasation (Figure 1 and 2). Spontaneous Urinary Extravasation (SUE) is an uncommon condition, occurring in the absence of external trauma, prior Ureteric manipulation, external compression, destructive kidney disease or previous surgery. It is commonly associated with obstructive nephrolithiasis and usually seen at the fornices and upper ureter. SUE may lead to several serious consequences, when extravasation persists, such as urinoma, abscess formation, urosepsis, infection, and subsequent irreversible renal impairment. Due to its non specific presentation and possibility for catastrophic complications, SUE should be kept in the differential diagnosis of patients presenting with complex symptoms after renal colic.

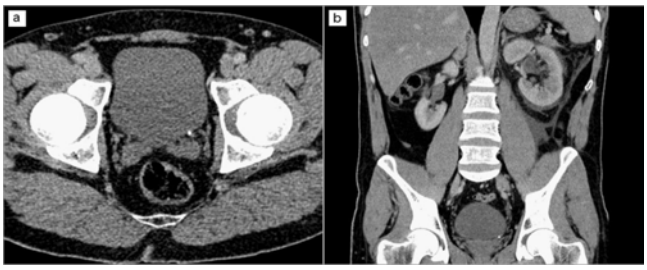

Figure 1: Axial (a) and sagittal (c) images of unenhanced CT scan of abdomen shows an impacted uretero-vesical junction calculus and a perirenal fluid collection extending along with the psoas muscle.

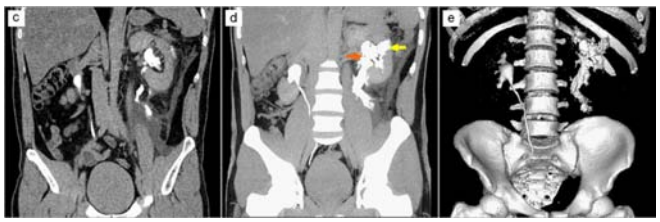

Figure 2: Sagittal (c,d) images of excretory phase of CECT scan of abdomen shows excretion of contrast medium into the fluid collection with extension down to the left iliac fossa and ruptured of both the calyceal fornix (yellow arrow) and the ureteropelvic junction (red arrow). VR reconstruction (e) shows neither obstruction signs nor ipsilateral ureteral luminal enhancement.

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