

Question 4 (16 Marks) 6 minutes

A 45 year-old male presents to the Emergency Department with a 2-week history of left lumbar pain associated with nausea and vomiting. There is no history of trauma .Physical examination reveals significant tenderness on the left flank. Abdomen is not distended and bowel sounds are normal. He Investigations show normal FBE and U+E. Urine analysis shows 3+ blood

A plain abdominal radiograph shows no abnormality.

A CT IVP is performed and shown in the PROPS booklet - page 3

1. List Four (4) positive findings in his imaging.



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Abdominal fat stranding.

Collection overlying the left psoas with air bubbles.

Contrast **extravasation** from the collecting system compatible with rupture of the ureter.

hydronephrosis

Zero MARK if no mention of anything related to extravasation

2. List three (3) of the most common causes

- neoplastic processes of the ureter or surrounding invading tumours
 - obstruction and dilatation, e.g. **ureteric calculi**, obstructing tumour
 - radiotherapy
 - instrumentation, e.g. cystoscopy, ureteric stent insertion
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3. List two (2) early and three (3) expected late complications →mixed early and late

urinoma, abscess, or peritonitis/sepsis

Late: ureteric stricture, ureteropelvic stenosis, or peri-ureteric fibrosis

Complications related to prolonged stent placement and nephrostomy tubes include migration, infection, encrustation, pain, and loss of renal function

4. 4 risk factor for contrast nephropathy --> Generally done well

hypovolaemia/ Dehydration,comorbidities(ie DM) nephrotixics (,NSAIDs,AG,Metfromin),past Hx
contrast nephropathy,pre existing Renal impairment

Age

Single Kidney !!