Management of Pyonephrosis: Our Experience

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Introduction

The pyonephrosis is a suppurative process of the urinary tract and kidney leading to a rapid and complete loss of kidney function. The classical treatment of a pyonephrosis is a drainage by nephrostomy. It is usually followed by nephrectomy as a secondary procedure or less commonly by a reconstructive operation. We report 19 cases of pyonephrosis treated in our service.

Case Report

Over a period of three years (January 2009-January 2012) were treated in our training 19 cases of pyonephrosis (12 women and 7 men). Their average age was 43 years (23 years to 74 years). Clinically, all patients presented with fever, lower back pain and a significant deterioration in general health. Biologically, they all had an important inflammatory syndrome. The Radiological examinations (radiography, ultrasound and scanner) have objectified obstructive lithiasis in 16 patients, an ureteropelvic junction syndrome in 2 patients and an ureteral stenosis secondary to pelvic surgery in one patient. We proceeded with the establishment of a percutaneous nephrostomy in 15 patients and an ureteral catheter in 4 patients. A large-spectrum antibiotics was initiated with a clinical and laboratory monitoring. A first group of 8 patients underwent an early nephrectomy (average 10 days after admission) because of persistent sepsis (5 cases) and due to a complete destruction of the kidney to the scanner (3 cases). A second group of 11 patients underwent a re-evaluation after 3 months (renal scintigraphy) and we conducted a nephrectomy in 8 patients and a conservative surgery in 3 patients (2 surgery for nephrolithiasis and one treatment for ureteropelvic junction syndrome) in the first group the mean hospital stay was 17 days, the mean operative time was 1 hour 50 minutes and we got 4 peroperative complications (one wound digestive, three openings peritoneal and one pleural wound). One patient died postoperatively due to septic shock on the second group, the average hospital stay was 9 days with a mean surgery time of 1 hour 10 minutes. One peroperative complication was noted (peritoneal opening).

Discussion

The pyonephrosis is an emergency requiring renal drainage and antibiotic therapy rigorous. The indication of emergency surgery is persistent sepsis or the presence of complications (rupture of pyonephrosis, for example). The remote surgery of renal drainage is easier, with a lower mortality and morbidity, what we explain by a reduced inflammatory and infectious phenomena (thanks to a long period drainage). It allows a conservative surgery (3 in our series) if the kidney is functional.

Conclusion

The management of pyonephrosis is an emergency, it usually leads to nephrectomy. The surgery is difficult with an early mortality and morbidity. The remote surgery is easier and can sometimes preserve the kidney if he is functional.

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