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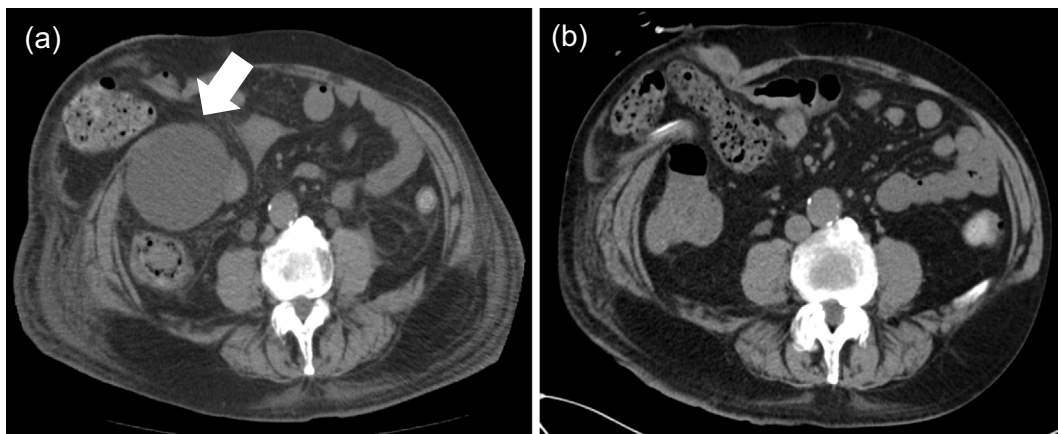
## Postrenal Acute Kidney Injury with an Ileal Conduit

Toshihiro Sato, Daisuke Katagiri, Emi Sakamoto and Fumihiko Hinoshita

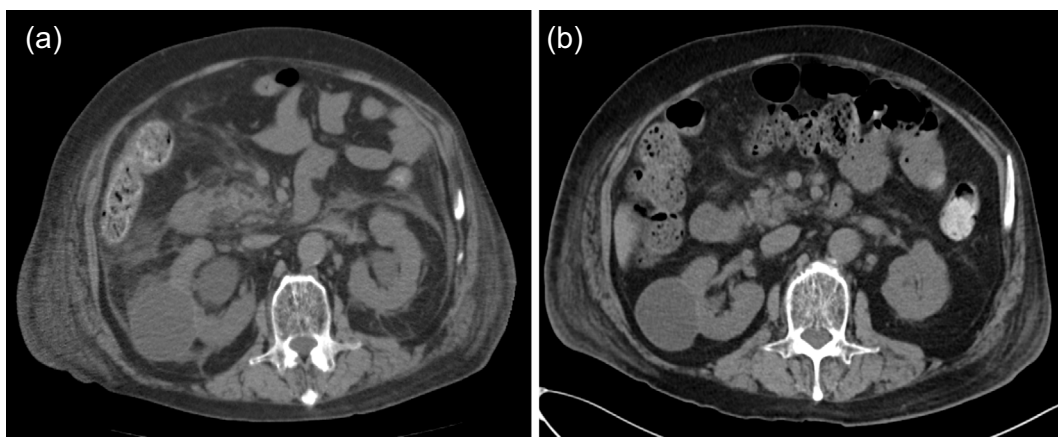
**Key words:** ileal conduit, parastomal hernia, abdominal pain, postrenal acute kidney injury

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Picture 1.



Picture 2.

An 82-year-old man was hospitalized with nephrotic syndrome. Nine years earlier, he had undergone ileal conduit urinary diversion with a total cystectomy due to bladder cancer. On day 23, he complained of abdominal pain. Laboratory examinations showed acute kidney injury (AKI). Non-enhanced computed tomography (CT) revealed an enor-

mous cystic lesion with a low density behind a parastomal hernia. Stool storage was detected in the hernia, in addition to right hydronephrosis (Picture 1a, 2a). A renal balloon was inserted, thus leading to the immediate release of urine and an improvement in the patient's abdominal pain. Subsequent CT revealed that both the cystic lesion and hydronephrosis

had successfully resolved (Picture 1b, 2b). An ileal conduit is widely used for urinary reconstruction when performing total cystectomy. The most common complications are renal insufficiency, stomal problems, bowel problems, urinary tract infection, ureteral obstruction and urinary calculi (1). This was a rare case of postrenal AKI caused by an obstruction of the ileal conduit due to stool storage.

**The authors state that they have no Conflict of Interest (COI).**

## **Reference**

1. Madersbacher S, Schmidt J, Eberle JM, et al. Long-term outcome of ileal conduit diversion. *J Urol* **169**: 985, 2003.

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