

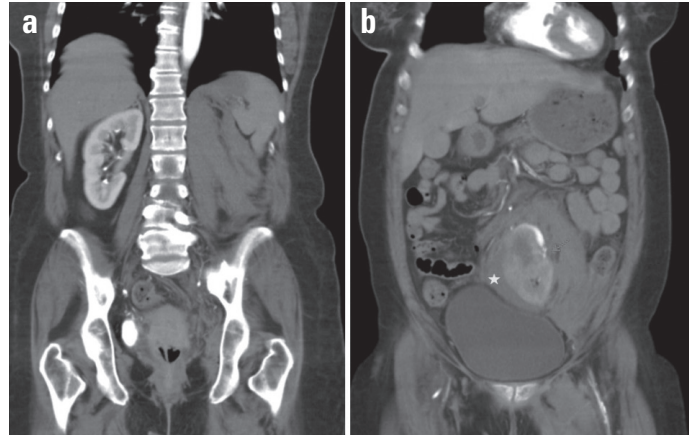
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**Answer: D**

A normally positioned right kidney and left ectopic kidney were identified in a repeated detailed computed tomography imaging study (Fig. 2a, b). The hydrophilic wire, which inadvertently entered the renal artery of the ectopic kidney, caused a subcapsular renal hematoma. In options (A) and (B), coil embolization or covered stent implantation should not be the treatment of choice for the ectopic renal artery because these interventions cause loss of the kidney. Fluid replacement and blood transfusion therapy, which are mentioned in option (C), may be preferably considered but if the intensive medical treatment of the retroperitoneal hematoma with fluid replacement and blood transfusion do not stabilize the patient, then surgical management is needed.

Renal ectopy is a condition in which the kidney does not normally ascend to the retroperitoneal renal fossa. Ectopic kidneys are rare and usually present incidental findings during non-invasive tests or an invasive angiogram (1). Renal ectopy and aberrant arteries should be recognized to avoid iatrogenic damage to its vasculature. Awareness of anatomic variations is important during complex peripheral interventions (2,3).

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**Figure 2.** On CT imaging, normally positioned right kidney a-left ectopic kidney (b, arrow), and a subcapsular hematoma (star) were seen

### References

1. Dretler SP, Olsson C, Pfister RC. The anatomic, radiologic and clinical characteristics of the pelvic kidney: an analysis of 86 cases. *J Urol* 1971; 105: 623-7.
2. Vadlamudi C, Chahwala V, Moreno EJ, Yang JK, Bornak A, Goldstein L. Endovascular reconstruction of aortoiliac occlusive disease with an aberrant pelvic kidney. *Ann Vasc Surg* 2016; 31: 1-208.
3. Çilingiroğlu M, Marmagkiolis K, Wholey M. Successful recanalization of a left common iliac artery chronic total occlusion adjacent to an ectopic renal artery at the aortoiliac bifurcation. *Turk Kardiyol Dern Ars* 2013; 41: 347-50.



Prof. Dr. Ömer YİĞİTBAŞI

In memory of the tenth death anniversary of Founder Rector of Dokuz Eylül University Prof. Dr. Ömer Yiğitbaşı.