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【 PICTURES IN CLINICAL MEDICINE 】

A Case Presenting with Solitary Pelvic Kidney

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Key words: pelvic kidney, ectopic kidney, Müllerian agenesis

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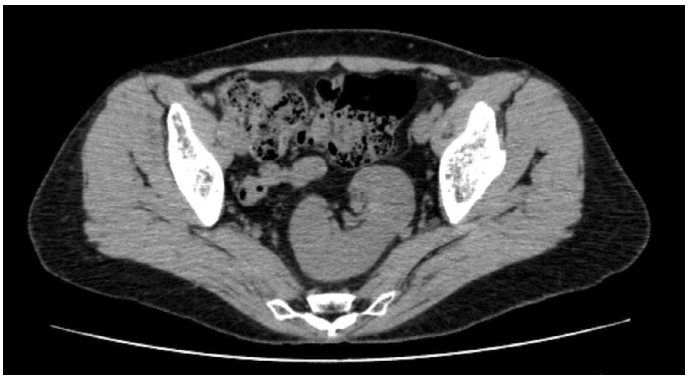
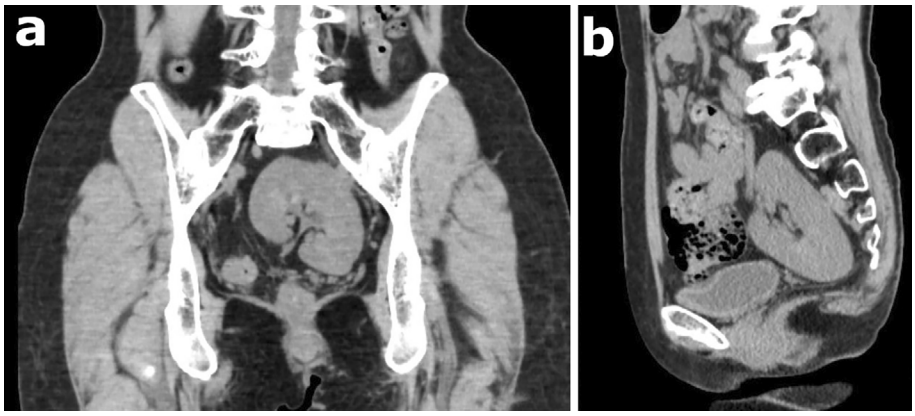


Picture 1.



Picture 2.

A 51-year-old woman with primary amenorrhea was referred to our department because of the renal dysfunction that had been identified during a medical check-up. Although her father and sister had a unilateral kidney, it was the first time for her to visit a hospital because she had never previously been diagnosed with any illness including hypertension, diabetes, or urinary tract infection during medical check-ups. On physical examination, there was no evidence of any visual impairment, deafness, or skeletal dysplasia. Laboratory findings revealed an elevated serum creatinine level at 0.88 mg/dL without hematuria or proteinuria. Bilateral kidneys could not be identified on ultrasonography. Therefore, computed tomography was performed, which thus revealed a solitary swollen kidney in the pelvis and aplasia of uterus (Picture 1, 2). However, the patient declined to undergo any further examinations of hormones and chromosomes regarding her reproductive system.

The incidence of pelvic kidneys is estimated to be 1 in

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2,500 live births (1). Pelvic kidneys may be complicated with any anomaly of the reproductive organs because the mesonephric duct is associated with the development of the kidneys and reproductive organs (2). Congenital anomalies of the kidney and urinary tract should be evaluated in patients presented with renal dysfunction accompanied by a anomaly of the reproductive organs.

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

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