

NEPHRECTOMY

By

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Introduction

Simple papilloma is a pedunculated growth arising on the base of the bladder near the Ureteric Orifice. It may sometimes obstruct the Ureteric Orifice and so lead to hydronephrosis of the kidney on that side. The tumour consists of a large number of villi. Histologically each villus consists of a central core of fibrous tissue with transitional epithelium on the surface. These tumours although essentially simple, may become implanted on other parts of the bladder wall. The villus papilloma has a tendency to undergo malignant changes.

Case Report

Margaretha, aged 50, a house wife, was admitted to this hospital on 18.11.1965 with complaint of haematuria, which was painless, profuse and periodic. (It appeared suddenly a few months back and ceased spontaneously in a few days).

On admission, the patient was weak, emaciated and anaemic. The pulse was feeble and blood pressure was 110 mm/Hg.

Clinical examinations: Cardio vascular and respiratory systems were normal.

Abdominal examination: No palpable mass in the abdomen.

P.V.—Uterus normal. A lump felt in the bladder and diagnosed as papilloma bladder.

Cystoscopic examination revealed a typical villous growth with a

pedunculated base arising near Ureteric Orifice.

Cystogram was done for additional evidence and revealed that it was a papilloma.

Laboratory Investigation

H. B. 42% Alb. + + Sed :
R.B.C. + + + +

Bleeding time — 3 to 5 mts.

Clotting time — 4 mts.

T.C. 6,000/CMM.

D.C. Poly 60%, Lymph 30%,
Eosin 10%.

Grouping and cross matching done.

A clinical diagnosis of ureteric papilloma stimulating tumour bladder was made and patient was put on coagulants such as Adrolate, Calcium, Claudin, and two pints of blood to counteract the anaemia. The specimen of urine was sent to Laboratory twice daily for R.B.C.

Under endotracheal N2O+O2, Pentathol and Scoline, abdomen was opened by lower midline incision. On opening the abdomen, papilloma lower end of the Ureter and hydronephrosis of the kidney was found — on the right side. Right ureter was enlarged and dilated due to the retained fluid. Ureteral catheter was put in the left side and found the left kidney normal. So excision of ureteric end with partial cystectomy, and right nephrectomy was done with the excision of the tumour, with an area of the normal bladder wall, by extending the incision to the subcostal region. The bladder was closed with catgut. An

indwelling catheter was put in, and abdomen was closed in layers. The patient had a normal post operative period. She was able to move about 11 days after operation.

Discussion

Papilloma of the ureter is three times more common in men than in women, and is commonly seen in between 45 and 50 years. This is a sessile growth with marked vascularity, stunted villi and an ulcerated surface. There is oedema of the mucous membrane around its base and it is commonly associated with cystitis. Malignancy of the tumour is indicated by its penetration into the bladder wall. A complete urinary investigation is essential. The first step is to perform a cystoscopy to determine the source of bleeding from the bladder, the prostate, or the ureteric orifices. Complete urine analysis and plain radiographs of the urinary tract must be done.

Summary

A patient with haematuria as the result of a papilloma at the ureterovesicular junction which caused obstruction and hydronephrosis is described. It should be remembered that the localisation of the haemorrhage is only possible after a complete investigation of the urinary tract. Painless haematuria is generally associated with a growth in the bladder or kidney. The treatment is partial cystectomy for a small papilloma with an area of the normal bladder wall and if hydronephrosis is present, nephrectomy also should be performed provided the other kidney is normal.