

A Severely Encrusted Forgotten Double J Ureteral Catheter

Unutulmuş ve Belirgin Şekilde Taşlaşmış Double J Üreteral Kateter

Nesrin Gunduz¹, Ahmet Aslan¹, Ibrahim Inan²



¹Department of Radiology, İstanbul Medeniyet University Göztepe Training and Research Hospital, İstanbul, Turkey

²Department of Radiology, Adıyaman University Training and Research Hospital, Adıyaman, Turkey

Received: February 12, 2017
Accepted: February 17, 2017
Available Online Date: April 28, 2017

Correspondence to: Ibrahim Inan

E-mail: ibrinan@gmail.com

DOI 10.5152/eurasianjmed.2017.17038

©Copyright 2017 by the Atatürk University School of Medicine - Available online at www.eurasianjmed.com

Double J (DJ) stents provide efficient upper urinary system drainage in patients with ureteral obstruction [1]. Long-term indwelling DJ stents may be complicated by encrustation and stone formation. Patients should have their DJ stents replaced every three months [2]. Plain abdominal radiography and computed tomography are the imaging methods of choice in these patients for making a diagnosis and guiding the therapy.

Herein we present the demonstrative images of a 62-year-old male who presented with fever (38.5°C) and flank pain and who had a history of nephrolithotomy with DJ stent placement seven years ago. Plain X-ray and abdominal computed tomography images revealed bilateral nephrolithiasis forming staghorn calculi in the right kidney and a left DJ stent fully covered with dense calcifications (Figure 1, 2). In the bladder, the distal hook of the stent was covered with a huge calcification, resulting in a "hockey-stick" appearance. The stent was completely encrusted. Laparoscopic removal of the device was considered, but the patient declined receiving any further intervention.

Peer-review: Externally peer-reviewed.

Author contributions: Concept - A.A., N.G., I.I.; Design - I.I.; Supervision - A.A., I.I.; Resource - N.G.; Materials - A.A., N.G.; Data Collection and/or Processing - N.G., I.I.; Analysis and /or Interpretation - I.I.; Literature Search - N.G.; Writing - N.G., I.I., A.A.; Critical Reviews - I.I.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

References

1. Saltzman B. Ureteral stents. Indications, variations and complications. Urol Clin North Am 1988; 15: 481-91.
2. Lam JS, Gupta M. Tips and tricks for the management of retained ureteral stents. J Endourol 2002; 16: 733-41. [CrossRef]



Figure 1. Plain X-ray image revealing bilateral nephrolithiasis (short arrows) and the encrusted DJ catheter surrounded by dense calcifications (arrow heads). A large bladder calculus was also noted (long arrow).

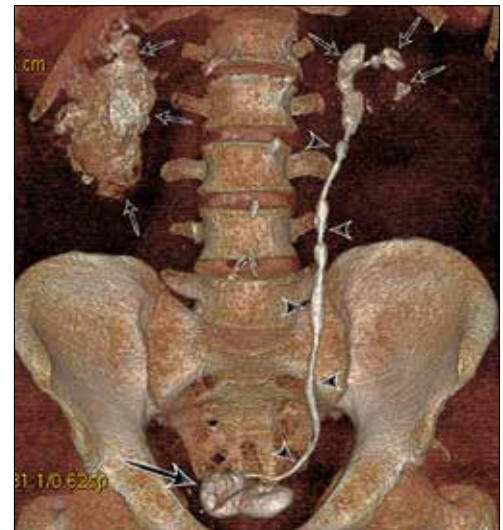


Figure 2. Volume rendering reformatted image of the patient.