

Obstruction of Transplanted Kidney from Urinary Catheter Misplacement

Obstrução de Aloenxerto Renal Secundária a Sonda Vesical Mal Posicionada

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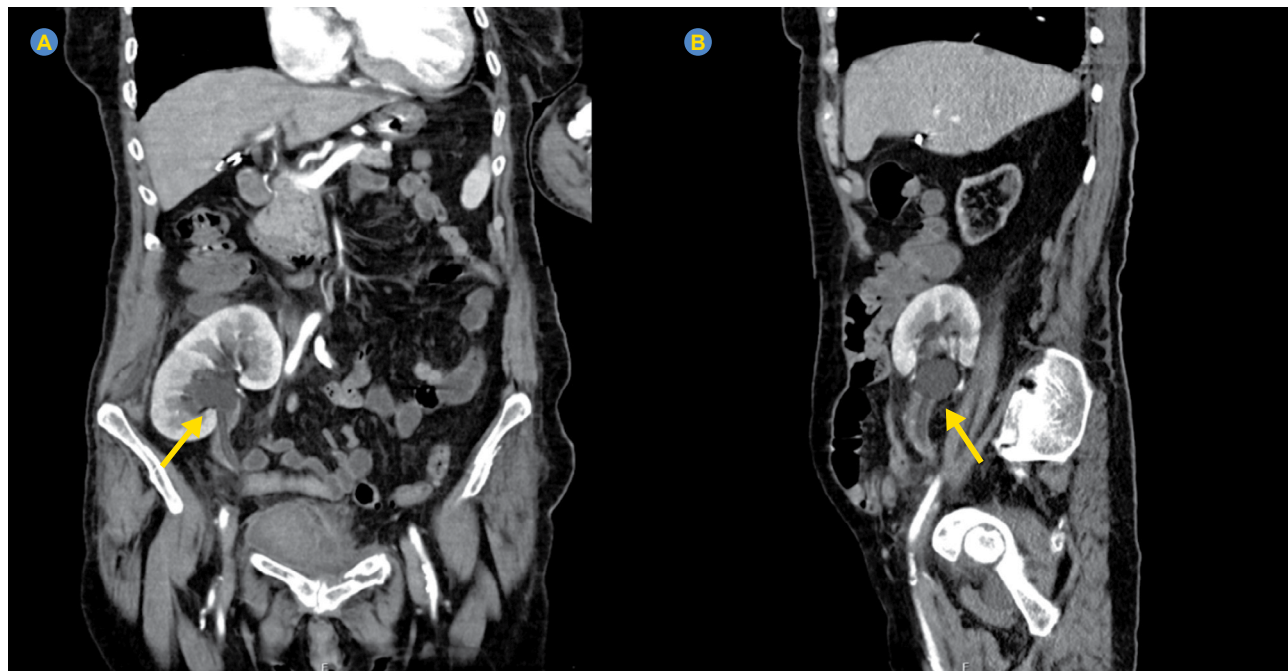


Figure 1 – Indwelling urinary catheter within the renal pelvis. The arrow indicates the catheter balloon.

A 71-year-old woman was admitted for an infected pelvic hematoma, 11 years post-kidney transplant. Baseline renal function was stable (serum creatinine 1.2 mg/dL). Following urinary catheterization, she developed progressive oliguria, with creatinine rising to 3.4 mg/dL.

Computed tomography imaging revealed malposition of the indwelling urinary catheter, which had been inadvertently inserted into the renal pelvis of the transplanted kidney (Fig. 1). No hydronephrosis was present on admission. Ultrasound-guided catheter replacement promptly led to resolution of oliguria and hydronephrosis, with recovery of kidney function to baseline.

This case highlights a rare but serious complication of urinary catheterization in kidney transplant recipients. Unlike prior reports identifying pre-existing hydronephrosis as a risk factor, this occurred in the absence of structural

abnormalities.¹ However, iliac fossa allograft placement with ureteroneocystostomy can result in altered anatomy, potentially predisposing to catheter misplacement. A simple preventive maneuver is a slight catheter withdrawal after balloon inflation to ensure correct bladder positioning.²

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The authors have declared that no AI tools were used during the preparation of this work.

AUTHOR CONTRIBUTIONS

VF, JAL: Study design, data analysis and interpretation, writing and critical review of the manuscript.

ACS: Data collection, critical review of the manuscript.

All authors approved the final version to be published.

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PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

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CONFLICTS OF INTEREST

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