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Accessory Kidney

Aksesuar Böbrek

Cemal Tasdemir[1], Bayram Kahraman[2], Aysegul Kahraman[3], Ramazan Altintas[1], Caner Ediz[1], Mustafa Kanbay[4]

[1]Inonu University, Faculty of Medicine, Department of Urology, Malatya, Türkiye
[2]The Private Park Hospital, Department of Radyology, Malatya, Türkiye
[3]Inonu University, Faculty of Medicine, Department of Radyology, Malatya, Türkiye
[4]Malatya State Hospital, Department of Urology, Malatya, Türkiye

Dear Editor;

Accessory kidney is one of the rarest anomalies of the genitourinary tract and is usually discovered when it presents complications (1,2). The diagnosis of accessory kidney is confined to a mass of renal tissue that has no parenchymatous connection with the definitive kidney (2-4). The published literature on Accessory kidney is scarce. Here, we report a case of a Accessory kidney with complaints of abdominal tenderness.

A 17-year-old male patient presented to our center with complaints of abdominal tenderness. Physical examination revealed abdominal tenderness. Blood and urine analysis revealed leukocytosis and urinary tract infection. Ultrasound examination showed a suspicious mass which was thought to be a pseudokidney. Computed tomography demonstrated a 3×2 cm mass located inferior to left kidney. Further investigation with Magnetic resonance imaging revealed a large well defined fluid filled structure inferior to left kidney (Figure 1). The patient was diagnosed Accessory kidney. Acute abdomen like symptoms were secondary to the urinary infection and the urinary infection was successfully treated with antimicrobial and anti-inflammatory medication. Also, the patient was followed up due to Accessory kidney.

Accessory kidney is a rare entity in which an individual has a separate third extra organ free of any significant attachment to the normal ipsilateral kidney, in contrast to the much more common duplex kidney or duplicated collecting system (1,5,6). Our patient had an? Accessory left kidney. The true incidence of this anomaly is not known because of its infrequent occurrence. Embryologically these kidneys are formed due to aberrant division of nephrogenic cord (7,8). Although an Accessory kidney is a congenital anomaly, it is diagnosed most commonly later in life (8). The presentation can be incidental or noted with pain or a palpable abdominal mass (7,8). The reports describe the v? kidneys have been associated with other urogenital anomalies such as the ureteral atresia, vaginal atresia, complete duplication of urethra and penis (9,10).

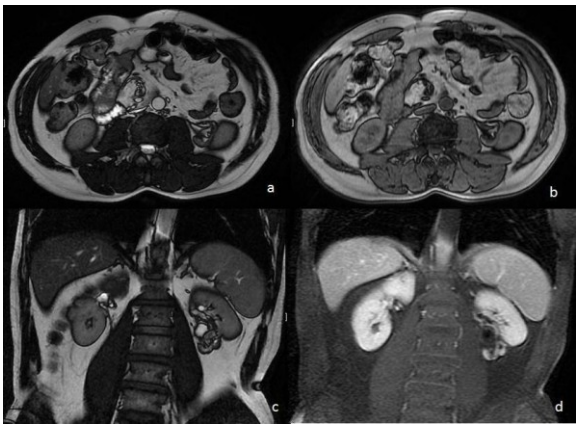

Figure 1. Magnetic resonance imaging revealed a large well defined fuid filled structure inferior to left kidney (a,b,c,d).

Pain is the most common symptom. There is one patient with both horse-shoe and Accessory kidney associated with coarctation of aorta (10). However in our patient, no other associated anomaly could be detected. For the diagnosis of Accessory kidney IVP, ultrasonography, CT, and MRI can be used. Management of the Accessory kidney is dictated by the relative function and associated symptoms. Nephrectomy of the Accessory kidney has been performed in patients of incontinence secondary to ectopic ureteral drainage, urinary stasis, infection, stone formation or malignancy (8). Because our patient was noted to have functioning parenchyma in the Accessory kidney, nephrectomy was not pursued. The patient was followed up due to this event.

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Correspondence/İletişim

Cemal TAŞDEMIR
Inonu University, Faculty of Medicine, Department of Urology, Malatya/Türkiye
E-mail: tasdemrcemal@yahoo.com

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