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Nephrology

Cursee Folding Centered Ectopia: About A Case

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Abstract **Case Report**

Cross-reinal ectopia implies that one of the two kidneys seats on the contralateral side, it is a congenital anomaly very rare. The two (2) Kidneys can be merged or not giving the superimposed kidney appearance. This anomaly is most often asymptomatic and fortuitous discovery (by imaging or reverse of an autopsy). We report observation of a 22-year-old patient carry of crossed renal ectopia with fusion discovery following of pelvian pain intermittent low intensity calmed down by paracetamol. The aim of this work was to bring the place of imaging in the therapeutic management of ectopic kidneys with review of the literature.

Keywords: Ectopia renal; cross; merged; anomaly congenital.

INTRODUCTION

Cross-reinal ectopia is a congenital anomaly very rare tale **[**1**].** One of the two kidneys seats on the contralateral side. The two (2) Kidneys can be merged or not giving the superimposed kidney appearance. This anomaly is most often asymptomatic and fortuitous discovery (by imaging or reverse of an autopsy).

We report here a case of crossed renal ectopus with merge of fortuitous discovery following intermittent abdominal pain low intensity calmed down by paracetamol. The aim of this work was to bring the place of imaging in the therapeutic management of ectopic kidneys with review of the literature.

STUDY CASE

22 year old without particular anteview of consultation for intermittent pelvian pain low intensity, isolated without any other signs associated.

Physical examination to admission was normal, an abdominal pelvic ultrasound was requested and having reveal the two lombar pit are empty associated with the presence of two kidneys in hypogastre region without dilation renal cavities. The two kidneys were located at the center of the median line. We do not note other abnormalities (Figure 1 and 2).

Our conduct to hold was from:

Advise the caught of Antalgique (Paracetamol) if pain 1 gram morning twelve o'clock and night without exceeding 4 gram a day.

We asked for urological consultation for best treatement. Urologues have asked to make a Uro-Tomotensitometry and continue our treatment.

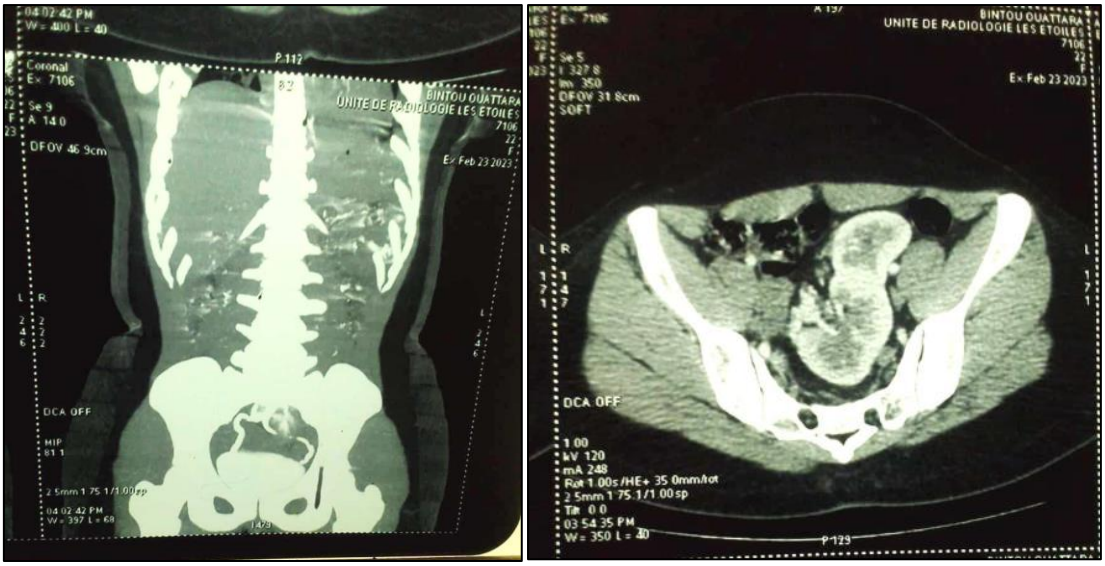

Figure Error! Bookmark not defined.**: Cross-reinal Ectopia with Merge of the Two (2) Kidney**

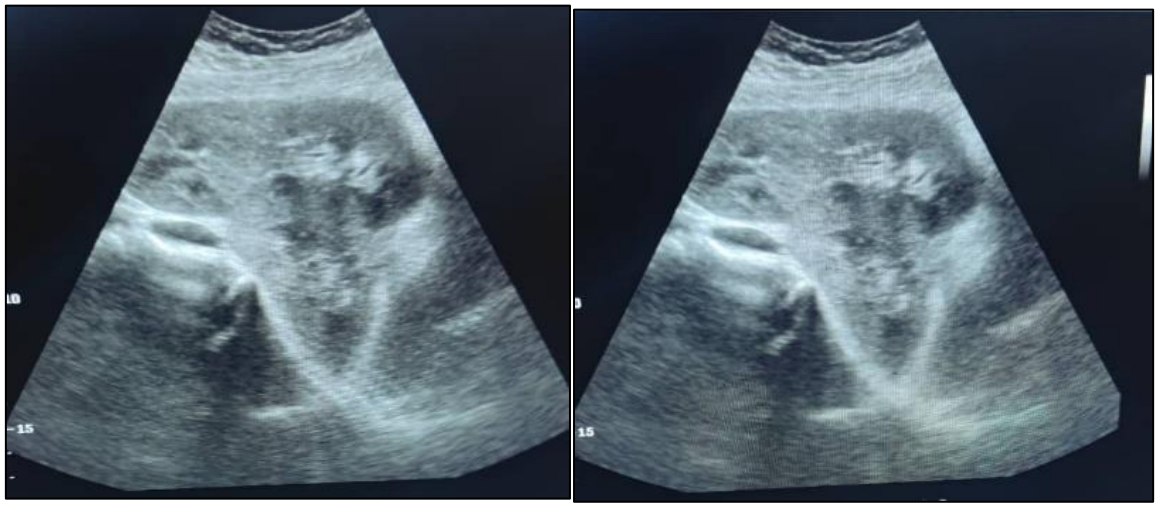

Figure 2: Abdominal and pelvic ultrasound showing ectopic kidneys with fusion of extremities in pelvis

DISCUSSION

Cross-reinal ectopia is a rare congenital malformation, she is due to an abnormality in the embryonic development of the ureteral buds and the blastmetanephrique between the fourth and eighth week of gestation. It should be noted that the embryology and mechanisms known to date of renal development do not allow to explain all types of renal ectopies.

On the embryological plan, the exact etiology of crossed ectopia is not known. Many theories have been put forward [2], as the influence of a genetic factor, a teratogenic factor or an abnormal rotation of the caudal end of the embryo.

In 90% of cases, the kidney ectopia merger, with the kidney normally positioned and in 10% of cases there remains unusual [2].

There are several types of ectopies renal: Ectopia renal bass (Pelvian, Iliac, Low Lombar) Hight (inside thoracic, by excess migration before the closure of the diaphragm).

The ectopia renal maybe united or bilateral, simple or cross with or without merger renal and can to be associated or not at various malformations.

Cross-reinal ectopic (ERC) is four types [3]: Cross-ectopic with fusion, cross ectopic without melting, solitary-cross ectopic and cross ectopic - bilateral.

The real incidence institution renal Cross-is not known because most often asymptomatic, its prevalence was estimated at series autopsticks between 1/1300 and 1/7600[4], while that of the ectopic cross-no-fusion are ten times rarer, 1 /75000 [2], she is characterized by a male predominance with a ratio of 3men / women's [4] ratio. In the literature the prevalence of Cross renal ectopic sate reported was 0.01% without merger and 0.04% with melting [5].

But the actual incidence cannot be estimated because many cases remain asymptomatic and unlocked diagnosed throughout life [2].

Cross-ectopic kidneys are generally located in the abdomen in its lower part or in the pelvic cavity [6]. For our patient the cross kid was in the hypogastric. This anomaly is most often asymptomatic and fortuitous discovery (by imaging), as is the case in our observation where the diagnosis was worn in a contexts intermittent abdominal pain low intensity. In this case, the Two kidneys are often unworthy, moreover, cross-reinal ectopic may be in atypical site of abdominal painful, sometimes associated at gastro intestinal disorders with a boating, nausea and constipation type; Urinary troubles with hematuria type, pyelonephritis at repetition or discovery of a palpable mass may draw attention to an urological affecting and encouraging the investigations that will lead to the ectopic reinforcement diagnosis [7]. It is there for necessary to practice an abdominal ultrasound examination in front of all atypical abdominal syndromes [4].

Abdominal ultrasound is often useful for his detection and evaluation of the state of the cavities inside kidney. Our case was discovered by an abdominian-pelvienne ultrasound. In fact, abdominal ultrasound is un Simple and no-invasive examination, reproducible and cost low to be practiced in first intention before a suspicion of ectopic renal and diagnosis of an ectopic kidney with aprepriciation of quality and the renal value by index study cortical and especially study specifies the ectopic reinforcement relationships with the organs of neighborhood [4].

The Uro-computed tomography, renal scintigraphy provide additional information, associate or not otherwise to other anomalies or complications [8].

On therapeutic level, the discovery of cross ectopic renal does not necessarily imply subsequent complications, the operating abstention must be placed under cover of echographic monitoring and a periodic analysis of urine, the kidneys do not need to be separated [4].

CONCLUSION

Cross-reinal ectopia is generally asymptomatic, or has some specifically clinical signs ultrasound has allowed the fortuitous discovery of a rare case of cross-credible renal ectopic without typical clinical table.

Cross-renal ectopic usually does not require treatment. Treatment is related to the presence of symptom and / or complication and the supervance relies on periodic ultrasound tracking.

Conflicts of Interest: The authors do not declare any conflict of interest.

REFERENCE

1. Mudoni, A., Caccetta, F., Caroppo, M., Musio, F., Accogli, A., Zacheo, M. D., ... & Nuzzo, V. (2017). Crossed fused renal ectopia: case report and review of the literature. *Journal of Ultrasound*, *20*, 333-337.
2. Diakité, M. L. (2021). Ectopie Renale Croisee: A Propos D'un Cas. *Revue Africaine d'Urologie et d'Andrologie*, *2*(4). 144-146. disponible sur: http://revue-uroandro.org
3. Marshall, F. F., & Freedman, M. T. (1978). Crossed renal ectopia. *The Journal of Urology*, *119*(2), 188-191.
4. Elbouti, A., Rafai, M., Jidane, S., Belkouch, A., Bakkali, H., & Belyamani, L. (2019). Ectopie rénale croisée de découverte fortuite chez l'adulte: à propos d'un cas. *The Pan African Medical Journal*, *33*, 178. doi:10.11604/pamj.2019.33.178.11152
5. Asghar, M., & Wazir, F. (2008). Prevalence of renal ectopia by diagnostic imaging. *Gomal Journal of Medical Sciences*, *6*(2), 72-76.
6. Bhattar, R., Maheshwari, A., Tomar, V., & Yadav, S. S. (2017). Crossed fused ectopic kidney: a case report. *Journal of Clinical and Diagnostic Research: JCDR*, *11*(8), 11-12.
7. Solanki, S., Bhatnagar, V., Gupta, A. K., & Kumar, R. (2013). Crossed fused renal ectopia: Challenges in diagnosis and management. *Journal of Indian Association of Pediatric Surgeons*, *18*(1), 7-10.
8. Shapiro, E., & Telegrafi, S. (2016). Anomalies of form and fusion, crossed renal ectopia with and without fusion. In Campbell-Walsh Urology Book, Wein, A. J., editors. 11thed. Philadelphia: WB Saunders; 2988-2993.