Case Report

Pancake kidney with single draining ureter: a rare developmental anomaly

Shabi Ahmad, Vikas Mishra*, Shirish Mishra

Department of Surgery, MLN Medical College, Prayagraj, Uttar Pradesh, India

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*Correspondence:
Dr. Vikas Mishra,
E-mail: vikas.mishragmc@gmail.com

ABSTRACT

Pancake kidney is one of rare form of congenital developmental anomaly of kidney. Very rarely it is drained by a single ureter. We are reporting a case of pancake kidney with a single draining ureter. The diagnosis was made during the routine workup for abdominal pain and UTI in a 12 year old male child. Usually pancake kidney may be associated with other congenital malformation but in our case we did not find any. Pancake kidney is managed surgically as well as conservatively depending upon the presenting symptoms and problem. This case was managed conservatively for recurrent UTI.

Keywords: Pancake kidney, Single draining ureter, Developmental anomaly

INTRODUCTION

Fusion of medial borders of both the poles of kidneys leads to the formation of a ring shaped structure known as pancake or doughnut kidney. When the fusion of the entire medial border of both the kidneys occurs, the resulting structure known as “cake” or “lump” kidney.1 Pelvises of both the kidneys are usually anteriorly placed and drained by two ureters that are draining their respective halves. But very rarely it is drained by single ureter as in our case.

CASE REPORT

We are presenting a case of a 12 year old male child who presented to our out-patient department with the chief complaints of lower abdominal pain which was off and on for about 6 months. It was non-colicky in nature and relieved with medication. He also had burning micturition for last 10 days. There was no history of fever, vomiting or disturbance in bladder or bowel habits. During abdominal examination there was no lump palpable. Renal angles were normally concave. No other significant findings were there.

Investigations revealed that the total leucocyte counts (TLC) was 7800 cells/microl. Blood urea was 31 mg/dl and serum creatinine was 1.39 mg/dl. The routine urine examination revealed 6-8 pus-cells/HPF. Urine culture and sensitivity revealed growth of E. coli that were sensitive to levofloxacin, norfloxacin, ciprofloxacin, nitrofurantoin, chloramphenicol, amoxicillin, azithromycin, and meropenem. The ultrasonography of KUB region revealed fused ectopic pelvic kidneys. So we advised contrast enhanced CT scan to get more details about kidneys. It revealed “bilateral absence of native kidneys in their respective renal fossae, crossed fused renal ectopia with pancake kidney in the pelvis below aortic bifurcation (Figure 1 and 2). The renal arteries were seen arising from aortic bifurcation and renal vein draining into left common iliac vein. On delayed contrast images single ureter was noted exiting the pancake kidney and entered into normally situated right vesicoureteric junction. The patient was put on antibiotics...
as per the sensitivity report. Patient was relieved from pain abdomen as well as burning micturition after 7 days. Patient was advised regular follow up for evaluation of his renal function.

Pancake is an extremely rare variety of fused ectopic kidney. Looney et al were first to describe the pancake kidney. Here medial borders and both poles joined together giving doughnut or ring shaped mass. This is also known as shield, doughnut or pancake kidney. Sometimes there is more extensive fusion of medial border which leads to shield or disc like appearance. As in other ectopic kidneys here also the renal pelvis is anteriorly placed and has risk of hydronephrosis. Ureters are uncrossed but sometimes in rare case they are drained by a single ureter.

Ectopic kidney is no more susceptible to disease than orthotopic kidney except for the development of hydronephrosis or stones. Most of the patients are asymptomatic and diagnosis is incidental but some patients develop abdominal pain, UTI, pyuria or hematuria.

Asymptomatic cases can be managed conservatively with advice for follow up as they have a chance for development of obstruction or calculi formation as well as UTI. Symptomatic cases can be managed with medication or surgically depending upon the case. Surgical management requires expertise as vascularity is different in such conditions.

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**REFERENCES**
