



# Post-Traumatic Rupture of a Horseshoe Kidney

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Received: Sep 29, 2020

Accepted: Oct 20, 2020

Published Online: Oct 22, 2020

Journal: Journal of Clinical Images

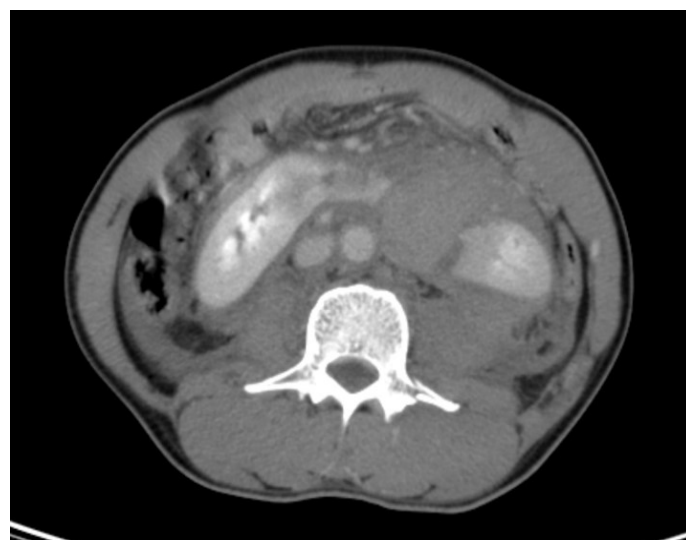
Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

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## Clinical image description

A 41-year-old male, with no prior medical-surgical history, presented to the emergency department for total hematuria following a wheel-crushing trauma to a wagon with a lumbar impact point. On admission, he was in good general condition with a blood pressure of 120/70 mmHg, a heart rate of 87 beats per minute, but he had left lumbar ecchymosis and total hematuria. Creatinemia was normal at 110  $\mu\text{mol/L}$  and hemoglobin at 11, 5 gr/L. An abdominopelvic CT scan with intravenous contrast injection was prescribed and objected to a large retroperitoneal hematoma associated with a parenchymal laceration of the lower kidney pole, contiguous, poorly rote, corresponding to a rupture of the isthmus of a horseshoe kidney, without active bleeding or ruptured urinary excretion cavities (Figure 1a & 1b). After multidisciplinary consultation, a nonoperative treatment was instituted with increased surveillance. The evolution was marked after seven days by a gradual thinning of the urine. Regular follow-up of the patient was considered normal. An ultrasound control at six months was normal.



**Figure 1a:** Abdominopelvic CT scan, axial section, showing a large retroperitoneal hematoma, rupture of the isthmus of the horseshoe kidney.





**Figure 1b:** Abdominopelvic CT scan, coronal section with 3D reconstruction, showing rupture of the isthmus of the horseshoe kidney.