

## URETERAL ISOLATED INJURY SECONDARY TO STAB WOUND

**JALAL E.L AMMARI\***  
**KARIM LAHLAIDI\***  
**ABDELHAK KHALLOUK\***  
**SOUFIANE MELLAS\***  
**MOHAMED F. TAZI\***  
**MOHAMMED J. EL-FASSI\***  
**MOULAY H. FARIH\***

A 27-year-old man with a stab wound on the right buttock was brought to the emergency department of our hospital (Figure 1). He was hemodynamically unstable, so adequate resuscitation was done to restore physiological homeostasis. At the same time, in the emergency room, the patient underwent abdominal ultrasonography examination, which revealed a large



Figure 1: The gluteal localization of the wound.

hemoperitoneum without any solid organ lesion. An urgent laparotomy was undertaken, which revealed 1500 ml hemoperitoneum and a right retroperitoneal hematoma. We also discovered a perforation, owing to the stab wound, at the posterolateral peritoneum and near the bladder. The ureter was not explored to abbreviate the time of intervention because of the shock.

After three days, the patient was hemodynamically stable and his temperature was normal; however, there was urine leakage through the wound. The IVU examination showed extravasation of the contrast at the distal ureter (Figure 2). The diagnosis of missed ureteral transection secondary to the gluteal stab wound was confirmed.

In the operating room, a right retrograde ureteropyelography was performed, and the result showed an extravasation of the contrast with the opacification of the remaining ureter and the pyelocaliceal system (Figure 3). A double J-stent was inserted for two months. The urine leakage through the wound ceased progressively in two days.

---

\* From Department of Urology, University Hospital Center Hassan II—FES, Morocco.



Figure 2: IVU with extravasation of the contrast at the distal ureter.



Figure 3: Retrograde ureteropyelography with extravasation and opacification of the ureter.

Isolated ureteral injury from abdominal stab wounds is rare. It is associated with significant injury to intra-abdominal structures in 90%-100% of cases. To avoid morbidity and mortality of delayed diagnosis, a high index of suspicion is necessary. We think that in all penetrating wounds of the flank and the gluteal regions, even in the absence of clinical symptoms, imaging

investigations must be performed to rule out ureteral injury.

Correspondence:

Jalal Eddine E.L. Ammari  
 N 9, Rue 40, 4ème tranche,  
 Hay oued Fès, FES—MOROCCO.  
 e-mail: ammarijalal@yahoo.fr