

PP-049

Transdermal nephrostomy as a therapeutical option for kid with fungous obstructive kidney disease

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Medical History: A fourteen years old boy with UPJ (ureter-pelvis junction stenosis). Without other diseases, infections or inherited diseases and with no medical treatment before. No constipation, urinary retention or other LUTS (low urinary tract syndrome) problems.

Treatment: His treatment was an open surgery plastic reconstruction of pelvis junction with placement of a ureter stent (pig tail). After three days had hydronephrosis.

Diagnosis: Three days after the operation the patient had lumbar pain and in the ultrasound appears hydronephrosis and fungal bezoars-balls. General examination of urine and urine culture appears *Candida Albicans*.

New Treatment: The placement of a transdermal nephrostomy was judged necessary and kept it for fifteen (15) days. Through the nephrostomy we deliver to the pelvis Fungizone 50 mg (amfoterikin B), and per os gave Fungostatin 150 mg

Results: After 15 days all the examinations were normal.

- Ultrasound
- Urine examination
- Biochemical profile
- Pelvis-ureterography

Conclusion: Transdermal nephrostomy offers a good, satisfied and effect alternating therapy for fungal obstructive inflammations of the kidney in kids and new born baby.

It's the most minimal invasive procedure and has effect either wise the inflammation-disease is topical or systemic.

Figure 1.

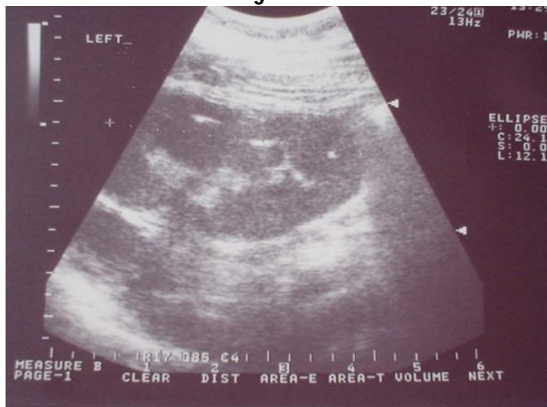


Figure 2.

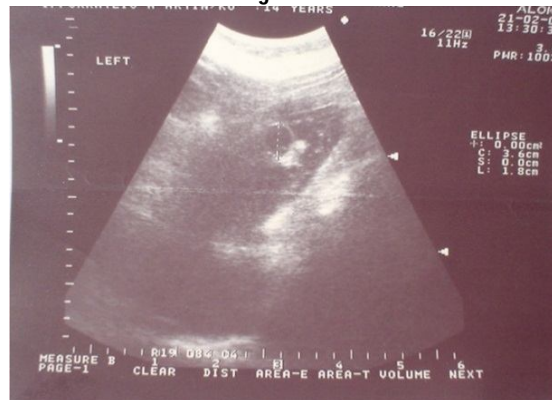


Figure 3.

