

Image Article

Junctional Syndrome on Horseshoe kidney

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A 32-year-old woman without significant pathological ATCD consults for diffuse right lumbar pain in a febrile context. It also reports an alteration of the general condition. Clinical examination reveals positive right lumbar contact. The biological assessment found does not detect any particular anomaly, the renal function is preserved. The Uro-scan shows a horseshoe kidney with a parenchymal bridge located opposite the L3-L4 space. The right kidney is dysrotated with a massive pyelocalic dilatation upstream of a complex lithiasis, with a laminated parenchyma. Finally, the ureter was not visualized. This disparity in size is pathognomonic of the pyelo-ureteral junction syndrome.

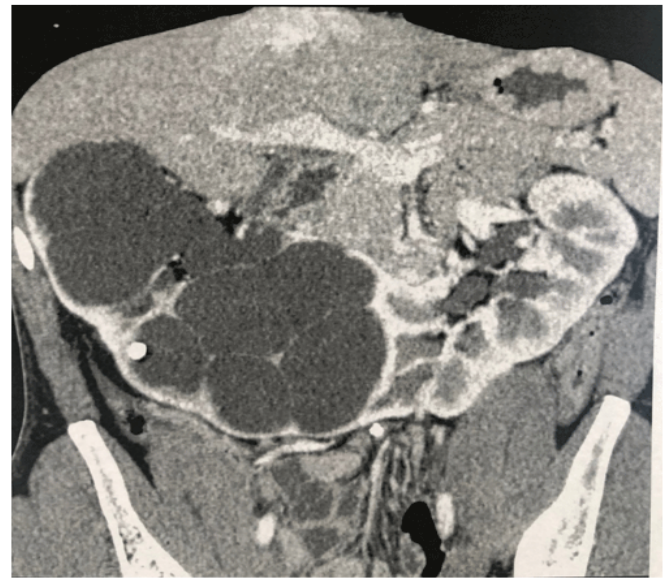


Figure 2. Reconstruct image of the uro-CT showing a horseshoe kidney with a huge dilation of the right kidney

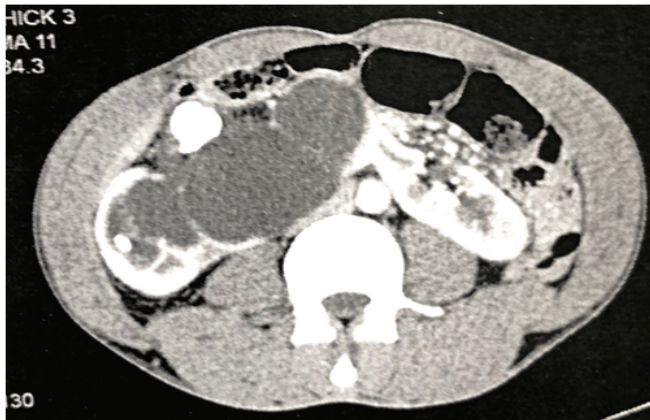


Figure 1. Transverse section of the uro-CT showing a horseshoe kidney with a huge dilation of the right kidney

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