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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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بالرسالة صفحات لم ترد بالأصل

VALUE OF INTRAPELVIC RENAL PRESSURE AS A PROGNOSTIC PARAMETER FOR RECOVERY POTENTIAL OF AN OBSTRUCTED KIDNEY.

Thesis Submitted to the
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MASTER OF UROLOGY

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Abbreviations

PCN	: Percutaneous nephrostomy.
IPP	: Intrapelvic pressure.
^{99m}Tc-DTPA	: Technetium Tc99m diethylene triamino pentaacetic acid.
^{99m}Tc-DMSA	: Technetium Tc99m dimercaptosuccinic acid.
GFR	: Glomerular filtration rate.
PAH	: Paraamino hippuric acid.
RBF	: Renal blood flow.
TxA2	: Thromboxan A2.
PGE2	: Prostaglandin E2.
UD5500	: Danteic urodynamic 5500.
SPSS	: Statistical package for social sciences.

INTRODUCTION

Introduction

OBSTRUCTIVE UROPATHY

Obstructive uropathy with resultant hydronephrosis is the eventual outcome of many urologic diseases. It is well known that complete ureteral obstruction eventually destroys renal function. The postulated mechanisms are elevated ureteral pressure and decreased renal blood flow, which cause cellular atrophy and necrosis. The pathophysiologic effects of short term complete obstructive uropathy or chronic partial obstructive uropathy are progressive impairment of all renal functions except urinary dilution. The longer or more severe the obstruction, the more renal damage will result.[1]

The urologist needs to know pre-operatively whether a hydronephrotic kidney will regain function after relief of the obstruction in order to decide whether to correct the obstruction or to do a nephrectomy. In the past determination of recovery potential, was based on gross inspection or histologic evaluation at surgery or function on the pre-operative intravenous urogram.[2]

Recently, renal scans with Technetium $Tc^{99}m$ diethylene-triaminepentaacetic acid {^{99m}Tc-DTPA}, hippuran I^{131} {orthoiodohipurate}, and Technetium Tc99m dimercaptosuccinic acid {^{99m}Tc-DMSA} have been used to