شبكة المعلومات الجامعية

# بسم الله الرحمن الرحيم



# شبكة المعلومات الجامعية

# التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

# جامعة عين شمس

## التوثيق الإلكتروني والميكروفيلم

# قسم

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

# يجب أن

## تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

شبكة المعلومات الجامعية


# بعض الوثائق الأصلية تالفة


# بالرسالة صفحات لم ترد بالأصل

# Acute obstructive nephropathy treatment end results.

Thesis

submitted for partial fulfillment of master degree in urology

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TO:

THE MEMORY OF MY MOTHER.

# APPENDIX

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# List of abbreviations

| | |
|---|---|
| A.N.P. | Atrial Natriuretic Peptide. |
| A.P.A.F. | Anti Platelet Activating Factor |
| B.U.O. | Bilateral Ureteric Obstruction |
| C.T. | Computerized Tomography |
| DMSA. | DiMercaptoSuccinic Acid |
| E.R.B.F. | Endothelium derived Relaxing Blood Factor |
| G.F.R. | Glomerular Filtration Rate |
| IIB | Bowman capsule colloid pressure |
| II*gc* | *Glomerular capillary colloid pressure* |
| K*f* | Filteration Coefficient |
| mmHg. | Millimeter Mercury |
| M.R.U. | Magnetic Resonance Urography |
| N.O. | Nitric Oxide. |
| PB | Bowman capsule Pressure |
| PCN | PerCutaneous Nephrostomy |
| R.B.F. | Renal Blood Flow |
| R.P.F. | Renal Plasma Flow |
| P*gc* | *Glomerular Capillary Pressure* |
| R.V.R. | Renal vascular Resistance |
| R.I. | Resistive Index |
| R.U.P. | Retrograde Ureteropyelography |
| S.N.G.F.R. | Single Nephron Glomerular Filteration Rate. |
| U.U.O. | Unilateral Ureteric Obstruction |

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# INTRODUCTION

Urinary tract obstruction is responsible for 2-15 % of all cases of acute renal failure (Anderson et al., 1984).

Acute obstructive nephropathy is a common cause of acute renal failure in the Middle East due to the high prevalence of renal calculi as well as Schistosomiasis. Because it can be corrected it should be considered in every case of acute renal failure (Wajeh, 1986).

Acute obstructive nephropathy occurs due to the presence of an obstacle in the urinary tract. The obstacle is a stone in most cases, other causes are pelvic malignancies and rarely retroperitoneal fibrosis (Benghanem et al., 1996).

Diagnosis of acute obstructive nephropathy is suspected by total anuria or oliguria with history of stone formation or Schistosomiasis. This usually is associated with uremic manifestations and a rise of serum creatinine. The diagnosis is confirmed by a scout film of the abdomen which can detect radioopaque stones or abnormal calcifications in the bladder wall which may suggest urinary Schistosomiasis (Wajeh, 1986).

Ultrasonography seems to be a good screening test and a reliable method for the diagnosis of urinary tract obstruction, giving the kidney size and localizing the kidney for percutaneous drainage (Mosbah.et al., 1990).

Acute obstructive nephropathy is a life- threatening condition as fatal hyperkalaemia may develop rapidly, so correction of electrolyte disturbances even by dialysis is mandatory before intervention. This should be followed rapidly by urine diversion in the form of percutaneous nephrostomy or drainage through double J ureteric stent. This usually restores