

中文題目：後腹膜腔病變所導致的血尿- 病例報告

英文題目：Environmental Hematuria Complicating Retroperitoneal Fibrosis: A Case Report

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Introduction: Bilateral obstructive uropathy often implies bladder lesion or external compression of bilateral ureters; further investigation is warranted. Among various etiologies, retroperitoneal fibrosis is a rare condition characterized by the presence of inflammatory and fibrous retroperitoneal tissue that often encases the ureters or abdominal organs.

Case presentation: This 72-year-old man presented to our emergency department with a 15-day history of hematuria and left lower quadrant pain without any referred pain. No pain sensation was detected in the bilateral renal area and the superficial lymph nodes were not palpable. He denies regular medication. Urinalysis revealed microscopic hematuria and pyuria. The results of the biochemical screening and electrolyte tests were all within normal limits. Abdominal ultrasonography disclosed bilateral moderate hydronephrosis. Further CT scan of the abdomen revealed a retroperitoneal mass on the planes of the abdominal aorta, bilateral iliac arteries, and bilateral distal ureters with bilateral hydroureteronephrosis. The urologist inserted bilateral double-J ureteric stent initially to relieve obstructive uropathy. He then performed excisional biopsy of the retroperitoneal mass and ureterolysis. Pathologic report showed fibroadipose tissues infiltrated by lymphocytes and plasma cells without malignancy. Prominent fibroblast proliferation and coarse collagen bundle deposition in the adipose tissue is also found. Immunosuppressant consisted of 10mg of prednisone twice a day and 50mg of azathioprine once a day were also prescribed after the surgery. Follow-up abdominal CT scan one month later showed mild regression of the retroperitoneal mass.

Discussion: Idiopathic retroperitoneal fibrosis (IRF) has been reported to occur more commonly in men than women. Renal dysfunction at diagnosis was common. Treatment consisted of a combination of medications and surgical intervention (ureteral stenting or ureterolysis) and medications alone. Several immunosuppressive agents have been used in the treatment of IRF, but the optimal treatment regimen remains to be determined. Relapses were seen in patients even after an initial response to treatment, suggesting that patients with idiopathic retroperitoneal fibrosis require close long-term follow-up. Further investigations are needed to determine optimal treatment, frequency of imaging to assess disease activity, duration of therapy, predictors of response to therapy, and long-term outcomes.