Surgical management of vesicoureteral reflux with recurrent urinary tract infection after kidney transplantation in a dog

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Abstract:

CASE DESCRIPTION A 3-year-old male Cocker Spaniel renal transplant recipient was readmitted 39 weeks after transplantation because of acute clinical signs of pollakiuria, intermittent vomiting, decreased appetite, lethargy, and mild fever. CLINICAL FINDINGS Hydronephrosis and hydroureter were observed with ultrasonography and contrast cystography, and a diagnosis of vesicoureteral reflux (VUR) was made. Urinary tract infection (UTI) caused by Escherichia coli was also diagnosed on the basis of results of urine culture. TREATMENT AND OUTCOME Despite treatment of the UTI with an appropriate antimicrobial for 6 weeks, the VUR persisted and the UTI recurred 9 weeks after cessation of antimicrobial treatment. Therefore, surgical correction by means of revision extravesicular ureteroneocystostomy was performed. Both VUR and hydronephrosis resolved after surgery. No recurrences of clinical signs of urinary tract complications were observed during the subsequent 22-month follow-up period. CLINICAL RELEVANCE Results suggested that ureteral reimplantation with an extravesicular technique incorporating a long submucosal tunnel may be an effective treatment for VUR when medical management fails in canine renal transplant recipients with recurrent UTIs.

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