

## Case Report

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# Bladder Outlet Obstruction by a Lymphocele following Kidney Transplantation

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## Key Words

Kidney transplantation  
Lymphocele  
Urinary retention

## Abstract

Lymphocele is a well-known complication of kidney transplantation. Patients usually present with deteriorating renal function, hydronephrosis, a nontender lower abdominal mass or ipsilateral leg edema. Urinary retention, however, is an unusual presentation of lymphocele. We herein report a case of a female patient who developed chronic urinary retention due to a pelvic lymphocele after kidney transplantation.

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## Case Report

A 57-year-old female underwent living related kidney transplantation because of end-stage renal disease secondary to mesangiocapillary glomerulonephritis. The kidney was transplanted into the left iliac fossa. The allograft assumed immediate function and serum creatinine normalized within 1 week. Sonography of the kidney on the second and fourteenth days after transplantation revealed a normal flow in the renal artery, and no hydronephrosis or fluid collection was seen. The patient was discharged 2 weeks after the transplantation with a serum creatinine of 120  $\mu\text{mol/l}$ . She returned to follow-up only 2 months after the transplantation complaining of lower abdominal discomfort and gradual swelling of her left leg. She also experienced increasing voiding difficulties including weak urinary stream and persistent urinary dribbling. Physical examination revealed suprapubic fullness and left leg edema. A neurologic examination was normal. Serum creatinine had increased to 164  $\mu\text{mol/l}$ . Sonography revealed a 16 cm  $\times$  9 cm  $\times$  9 cm pelvic lymphocele away from the transplanted kidney near the bladder neck (fig. 1). There was mild hydronephrosis and a normal resistant index. A Foley catheter was inserted and 900 ml of urine were evacuated. The catheter was removed, but the patient was hardly able to void and was started on a clean intermittent catheterization regimen. Postvoiding urine residuals were 450 ml on average.

Urodynamic assessment demonstrated an abnormal urethral pressure profile with functional urethral length of 65 mm and maxi-



laterally. A cystourethrogram showed a normal urethra and bladder neck. The lymphocele was drained surgically and voiding function returned to normal [4].

In contrast, our patient presented with a clinical picture of chronic urinary retention with overflow incontinence due to prolonged outlet obstruction as confirmed by the urodynamic studies. The altered clinical presentation was probably related to the large size as well as to the peculiar localization of the lymphocele progressively compressing the complex of the bladder neck and urethra. To our knowledge, this is the first case of chronic urinary retention due to bladder outlet obstruction caused by a lymphocele following kidney transplantation.

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