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Título: The Ultrasonographic Evolution Of The Hydronephrosis And Renal Parenchyma Thickness In Patients With Congenital Ureteropelvic Junction (upj) Obstruction Who Underwent Pyeloplasty

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Resumo: Introduction:Pyeloplasty is an established treatment for pelviureteric junction (UPJ) obstruction. The postoperative change in the size of the renal pelvis and the kidney parenchyma are variable. Objective: The aim of this study was to determine the ultrasonographic evolution of the pelvic and caliceal dilatations and of the renal parenchyma thickness in patients with congenital hydronephrosis who underwent pyeloplasty. Methods:From January 2006 to January 2014, 265 patients with prenatally diagnosed hydronephrosis underwent a protocol of antibiotic prophylaxis, ultrasound, diuretic renography (DTPA) and voiding cystourethrography. Of the 265 patients, 85(32%) who showed a trend of progressive hydronephrosis underwent pyeloplasty and were included. All the patients were evaluated with DTPA scans on the sixth month. The ultrasound performed before the surgery as well as all performed in the first 3,6, 12,24 and 36 months after the pyeloplasty were reviewed and compared. Statistical analyses were performed with SPSS Results:All patients significantly improved the renal washout time in DTPA scans at six months postoperatively. The rate of caliceal dilatation decrease in the first 3,6 and 12 months after surgery were 60%, 91,7%, and 100%, respectively. In a follow-up period of at least 1 year, 43(50,6%) renal units had complete resolution of the pelvic dilation and 72(84.7%) of the caliceal dilatation. The renal parenchyma was normal or had increased in 76(89,4 %) of cases. Conclusion:The decrease in pelvic and caliceal dilatations occurred in the majority of the patients, but its complete resolution is relatively slow. Serial ultrasound is noninvasive and could replace serial invasive renal scans decreasing costs and radiation exposure.