



## Herniated Kidney

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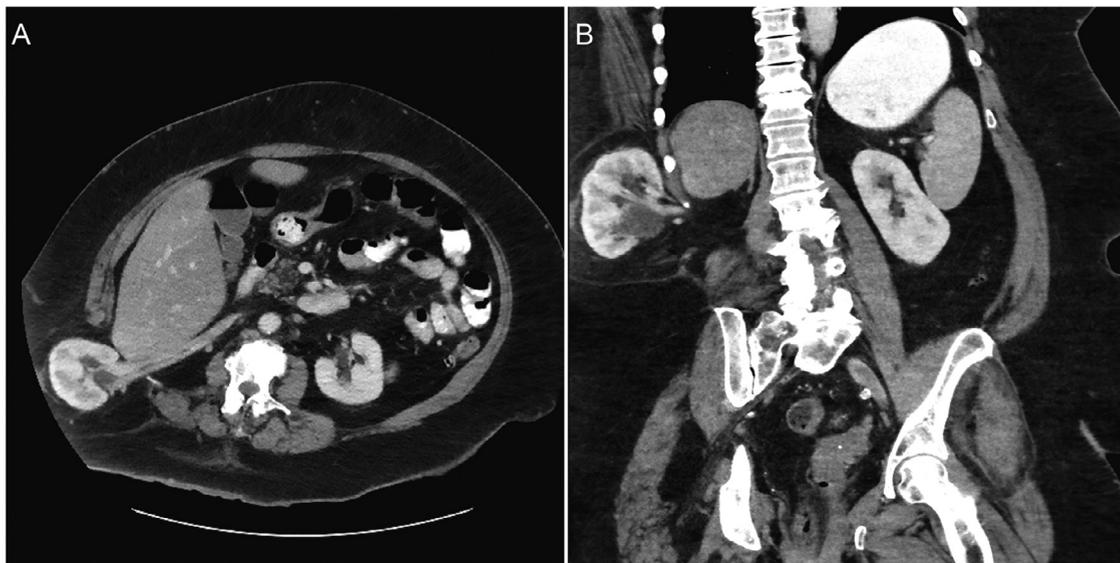
Postoperative incisional hernia is a relatively common complication following abdominal surgery. Herniation of the kidney is a less common entity and typically occurs as a congenital or acquired diaphragmatic defect, and rare case reports have demonstrated partial flank or lumbar herniation of the kidney. Herein we present a unique case of a postoperative incisional hernia containing the entire right kidney. *UROLOGY* 123: e7–e8, 2019. © 2018 Elsevier Inc.

A 52-year-old obese woman with chronic ventral hernia presented to the Emergency Department with abdominal pain and diarrhea concerning for partial bowel obstruction. Three years prior, at another institution, she underwent an open partial nephrectomy via flank approach for a 3 cm right lower pole clear cell renal carcinoma. Vital signs were unremarkable and physical examination revealed morbid obesity (BMI 50 kg/m<sup>2</sup>) and a mildly tender nonreducible ventral hernia. Flank examination demonstrated a prominent, nontender, non-reducible, and smooth right flank mass.

Laboratory analyses revealed a white blood cell count of 10.4 (reference 3.7-11 thousand/mL) and serum creatinine of 0.72 mg/dL. Abdominopelvic contrast-enhanced

computed tomography ([Supplementary Video 1](#)) visualized the known ventral hernia and also identified a large right flank hernia containing the right kidney with elongated vessels ([Fig. 1A](#)) and mild hydronephrosis ([Fig. 1B](#)). The patient clinically improved with conservative treatment and was discharged with plans for elective staged hernia repair following medical optimization.

Kidney herniation is a rare entity limited to sporadic case reports involving congenital or traumatic thoracic herniation,<sup>1-5</sup> congenital lumbar herniation,<sup>6</sup> postoperative renal transplant allograft herniation,<sup>7</sup> or partial orthotopic kidney herniation.<sup>8-11</sup> To the authors' knowledge, the report herein represents the first documented case of complete orthotopic native kidney herniation.



**Figure 1.** Contrast-enhanced “computed” axial (Panel A) and coronal (Panel B) computed tomography of the abdomen and pelvis demonstrating complete herniation of the right kidney and collecting system through the flank with associated elongation of the renal vessels and mild hydronephrosis.

The authors of this study report no financial conflict of interest.

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### SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.urology.2018.09.026](https://doi.org/10.1016/j.urology.2018.09.026).

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## References

1. Subramanian VS, Goldfarb DA. Right-sided intrathoracic renal ectopia with Bochdalek's Hernia. *Urology*. 2008;72:1016–1017. PMID: 18602150.
2. Ramos AJ, Slovis TL, Reed JO. Intrathoracic kidney. *Urology*. 1979;13:14–19. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/442315>.
3. Fiaschetti V, Velari L, Gaspari E, Mastrangeli R, Simonetti G. Adult intra-thoracic kidney: a case report of bochdalek hernia. *Case Rep Med*. 2010;2010. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20862352>. 1–6. PMID:20862352.
4. Inokuchi R, Hashimoto K, Kobayashi H, et al. Right kidney passing into the intrathoracic space after blunt abdominal trauma. *Emerg Med J*. 2013;30:711. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23264609>.
5. Halis F, Amasyali AS, Yucak A, Yildiz T, Gokce A. Intrathoracic kidney after blunt abdominal trauma: a case report and review of the literature. *Case Rep Urol*. 2015;2015:682649. Available from: <http://www.hindawi.com/journals/cru/2015/682649/>.
6. Kapoor R, Paul P, Sachdeva S. Congenital lumbar hernia with mal-rotation of left kidney and hydronephrosis in an infant: a rare presentation. *J Clin Diagnostic Res*. 2014;8:8–9.
7. Ma MKM, Yap DYH, Tang SCW. Transplant kidney herniation in an elderly patient. *Nephrology (Carlton)*. 2011;16:349–350. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21342328>.
8. Presti JC, Narayan P. Lumbar herniation of the kidney. *J Urol*. 1988;140:586–587. [cited 2018 Aug 29]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/3411680>.
9. Willcox MJ. Lumbar Herniation of Kidney following Iliac Crest Bone Harvest. *Case Rep Surg*. 2016;2016:5365647. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28042490>.
10. Miyazato M, Yamada S, Kaiho Y, Ito A, Ishidoya S, Arai Y. Lumbar incisional hernia of the kidney after laparoscopic adrenalectomy in a patient with cushing's syndrome. *Urol Int*. 2011;87:369–371.
11. Al Hooti Q, Aslam M, Mahfooz A, Moazin M, Saleh AT. Kidney herniation through lumbar triangle following open pyeloplasty. *J Heal Spec*. 2014;2:24. Available from: <http://www.thejhs.org/text.asp?2014/2/1/24/126061>.