



## Post-prostatectomy Lymphocoele Presenting With Renal Failure

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Since its advent in 2001, robotic-assisted laparoscopic prostatectomy has become the gold standard treatment for the management of localized prostate cancer.

Pelvic lymphocoele is most commonly found after gynecological or renal transplant surgery or following extensive pelvic lymphadenectomy. Its formation following prostatectomy is not uncommon<sup>1</sup> but it seldom causes major complications or morbidity.<sup>2</sup>

We present a case of a 66-year-old man who presented with left-sided abdominal pain, a palpable infra-umbilical mass, and renal failure. He was initially presumed to have high pressure chronic retention however catheterization did not result in any improvement in his renal function. Further investigations revealed a large lymphocoele causing bilateral ureteric obstruction with resultant hydronephrosis. UROLOGY 123: e9–e10, 2019. © 2018 Elsevier Inc.

### CASE

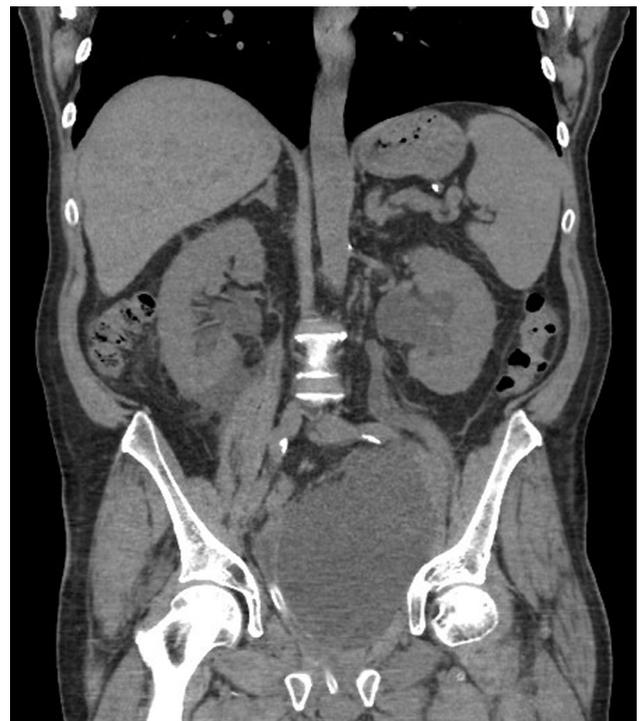
A 66-year-old man with a PSA of 7.7 and Gleason 4 + 4 = 8 prostate cancer on biopsies underwent an elective robotic-assisted laparoscopic prostatectomy and extended lymph node dissection with no immediate peri/postoperative complications. His catheter was successfully removed 10 days later.

While awaiting clinic follow-up, he developed left sided abdominal/groin pain and presented to the Emergency Department a further 3 weeks later with an acute kidney injury, elevated inflammatory markers, and a palpable infra-umbilical mass (*Hb* 116, *WCC* 12.1, *CRP* 167, *Na* 128, *K* 5.6, *Urea* 13.1, *Creatinine* 168, and *eGFR* 37; *bladder scan* > 900 mL).

Presumed to have a palpable bladder with a working diagnosis of high pressure chronic urinary retention, a



**Figure 1.** Axial section on computed tomography (CT) scan showing the lymphocoele and displaced bladder (with a catheter in situ).



**Figure 2.** Coronal section CT scan showing lymphocoele and bilateral moderate hydronephrosis.

**Conflicts of Interest:** None.

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**Figure 3.** Coronal section CT scan showing catheterized urinary bladder.

urethral catheter was inserted without difficulty. Residual volume was 300 mL only and there was no change in the size of the palpable mass. An ultrasound showed bilateral hydronephrosis but could not identify the catheter in the bladder. A CT abdomen/pelvis confirmed a large left pelvic sidewall collection measuring  $17 \times 17 \times 12.5$  cm with a displaced urinary bladder with an appropriately sited urinary catheter. The findings were compatible with a lymphocele, which was successfully drained under US guidance. Biochemistry confirmed the absence of urine. Following a significant postobstructive diuresis, his renal function normalized (eGFR > 60).

### References

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