Images in Clinical Urology

The DACRON Ureter: A Case of Ureter to Aorto-Femoral Dacron Graft Fistulization

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We present a case of chronic, severe, intermittent hematuria found to be associated with a ureteral to aorto-femoral bypass fistulization. The graft was directly visualized on ureteroscopy and identified as the source of hematuria during exploratory laparotomy. Ureteral fistulization is a rare etiology of hematuria. Ureteral fistulization to an arterial graft has been reported several times in past decades. However, no cases have reported direct visualization of the dacron graft on ureteroscopy. UROLOGY 124: e4−e5, 2018. © 2018 Elsevier Inc.

CASE REPORT

We present a 65-year-old man with a history of peripheral artery disease, status-post aorto-bifemoral bypass with Dacron graft, complicated by anastomotic rupture of the left limb requiring left axillary-popliteal bypass with ligation of the ipsilateral aorto-femoral graft. Numerous retroperitoneal procedures resulted in fibrosis and he presented with bilateral ureteral obstruction. Six years following annual metallic ureteral stent exchange, the patient presented with gross hematuria and clot retention, which resolved with continuous bladder irrigation and supportive transfusions. Computed tomography angiography was negative for contrast extravasation into the ureter (Fig. 1). However, ureteroscopy revealed direct visualization of the dacron graft without active bleeding (Fig. 2). Surgical exploration identified an adherent ureter overlying the graft, which was mobilized to reveal a 5 mm ureteral defect and a corresponding graft defect with active hemorrhage. The graft was repaired and the segment of ureter excised. A uretero-

Figure 1. A: coronal section; B: axial section. CT angiography with contrast in the right branch of the Aorto-Femoral bypass (a), without contrast extravasation into the right ureter (b). A right ureteral stent is in place.

Disclosures: Authors declare no disclosures.

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https://doi.org/10.1016/j.urology.2018.11.005 0090-4295 © 2018 Elsevier Inc. All rights reserved.
ureteral anastomosis was performed (Fig. 3). Pathology demonstrated a benign fistula tract. The hematuria immediately resolved. Uretero-arterial fistulization is rare surgical complication.\(^1\)-\(^4\) Risk factors include pelvic surgery, chronic stent placement, and vascular surgery. To our knowledge, fewer than 50 cases of uretero-arterial graft fistulization have been reported, and this is the only case in which a graft was visualized in the ureter.\(^2\)

References