

(ureteroarterial fistula)

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69

2

(ureteroarterial fistula)

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가 .

가 ,

가 가

(1 - 3).

69

(Fig. 2).

가

2

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가

가

69

가
2

가 가

가

. 6

(Fig. 3).

(CT)

3

가

4.3 g/dL,

13.9%

blood urea nitrogen/creatinine (BUN/Cr)

45.8/3.30 mg/dL

(CT)

(Fig. 1).

60

가

(68%),

가

(65%),

(46%),

(19%),

2006 7 22

2006 9 28

(1 - 4).

(1). 4

1 - 12 5.1

(3).

5 가

가

가 (1, 2).

. 1980 69%

23%

가 (1 - 4).

가

, CT, 가

(1). CT

가

가

가 가

가

가 (3, 5,

가

가

가

3 - 4



Fig. 2. Pelvic arteriogram demonstrates a small sacular pseudoaneurysm in right external iliac artery at the cross point with ureter (arrow). No evidence of abnormal vascular lesions in both renal arteriography (not seen).



A



B

Fig. 1. A, B. Initial abdominal CT scan shows large amount of hematoma in both renal pelvis and urinary bladder.

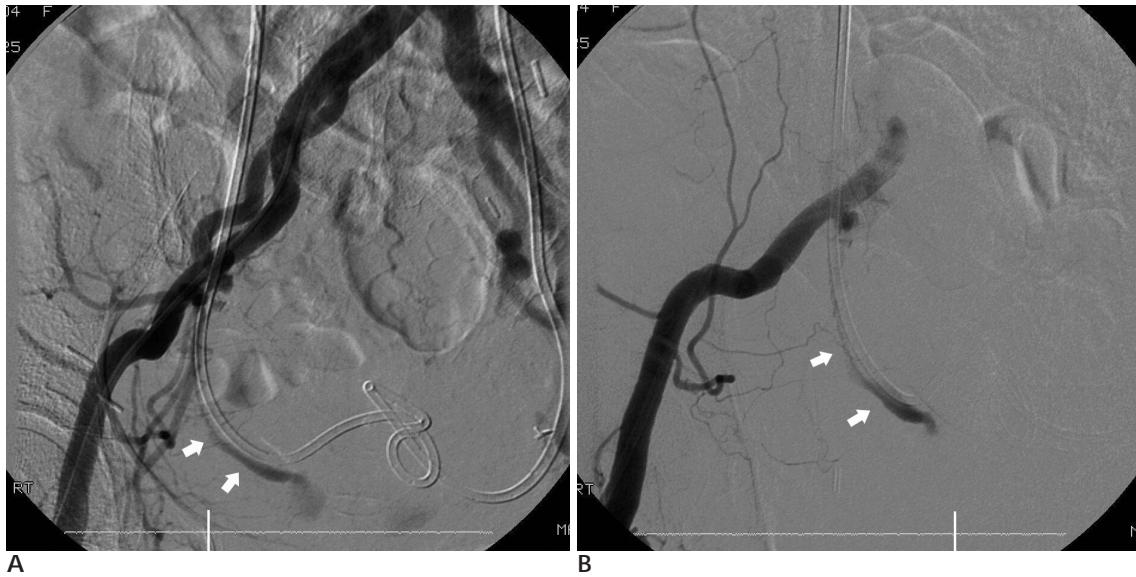


Fig. 3. A, B. Second try of angiography was obtained after 1 week due to recurrent massive hematuria. After mechanical stimulation of Foley catheter, pelvic and selective external arteriogram were obtained. Provocative arteriogram shows massive extravasation of contrast material to the lower ureter from the pseudoaneurysm (arrows).

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(1, 6).

(stent - graft)

(3, 6).

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Ureteroarterial Fistula: A Case Report¹

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Ureteroarterial fistula is an extremely rare complication, but is associated with a high mortality rate. Previous pelvic surgery, long standing ureteral catheter insertion, radiation therapy, vascular surgery and vascular pathology contribute the development of this uncommon entity. Herein, a case of ureteroarterial fistula in a 69-year-old female patient, who presented with a massive hematuria, proven in a second attempt at angiography, is reported.

Index words : Fistula, arterial
Ureter, abnormalities
Angiography

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