

Comparative study of conservative and surgical management for symptomatic moderate and severe hydronephrosis in pregnancy: a prospective randomized study

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摘要

Abstract

Background. To analyze the role of different measures in the treatment of acute moderate or severe symptomatic hydronephrosis in pregnancy. Methods. Of the 18,130 women delivering at our institution between January 2000 and December 2004, 93 patients were admitted due to symptomatic hydronephrosis. Among these, 50 patients were diagnosed with moderate or severe hydronephrosis, and were randomly treated with conservative measures (25 patients) or double pigtail stent insertion (25 patients). Renal sonography, urinalysis, serum creatinine levels, white blood cell counts, and urine culture were done in all patients at first visit. The clinical and perinatal outcomes of the two groups were compared. Results. The incidence of symptomatic hydronephrosis in pregnancy was 0.5% in our institution (93/18,130). The majority of the moderate or severe hydronephrosis (88%) cases were diagnosed after the first trimester. There were no statistically significant differences in the fetal body weight, Apgar score, preterm labor, and hospitalization day between the two groups. Among those receiving conservative treatment, five patients (5/25, 20%) failed to respond and were subsequently treated by double pigtail stent insertion successfully, compared with the surgical group, in which all patients were successfully relieved by double pigtail stent ($p=0.018$). Four patients receiving double pigtail stent insertion complained of stent discomfort and flank pain after the procedure (16%). Conclusion. Double pigtail stent insertion is effective for the treatment of moderate or severe symptomatic hydronephrosis in pregnancy, and showed

a lower failure rate than the conservative treatment. However, due to the complications and discomfort with surgical treatment, conservative treatment should still be the first choice.