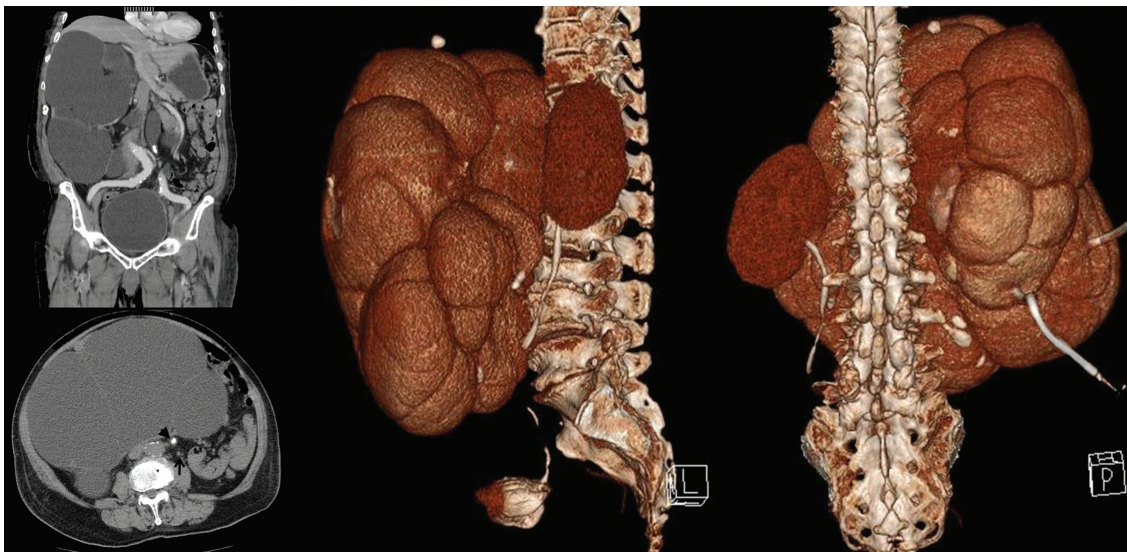


Dyspnea as an Unexpected Presentation of Huge Hydronephrosis

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A 77-year-old man presented with abdominal distension and progressive dyspnea. Poor appetite, fatigue, bilateral leg edema, and constipation were also noted on admission. His vital signs were stable and oxygen saturation was around 96% to 98% on room air. Laboratory results and chest radiography showed unremarkable finding. Ultrasonography revealed severe right hydronephrosis with atrophic renal cortex. Kidney-ureter-bladder radiography demonstrated a radiopaque nodule just above the transverse process of the L4, suspicious for a left upper ureter stone. Abdominal computed tomography manifested marked right-sided hydronephrosis with thin-paper cortex induced by a right upper ureteral calculus. Temporary percutaneous nephrostomy was placed for symptom relief. Renal scan revealed nonfunctioning obstructive kidney and the patient subsequently underwent nephrectomy. During the 6-month follow-up, he stayed symptoms free.

Most patients with giant hydronephrosis are asymptomatic, if any, and will not be diagnosed until they are complicated by abdominal distention, hematuria and in several cases resembling masses or ascites.^{1,2} Rarely, acute abdomen due to compression of adjacent organs such as bowel obstruction, constipation and respiratory distress because of elevated intrathoracic pressure are also presented in these cases.^{1,2} We present a case with dyspnea as one of the initial symptoms, which is rarely mentioned in the literature.

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