Case report on- Management and complication of vesicular calculi with obstructive Hydronephrosis with CKD

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Abstract

Hydronephrosis is the swelling of a kidney due to a build-up of urine. It happens when urine cannot drain out from a blockage or obstruction. Hydronephrosis can occur in one or both kidneys. The primary function of the urinary tract is to remove wastes and fluid from the body. In today’s urology, multiple giant vesical calculi are a rare occurrence. In the English literature, only a few examples of vesical calculi weighing more than 100 g have been described. Arthur et al. created the world’s most extensive vesical calculus, weighing 6294 g. Bladder stones can be asymptomatic and only detected by chance. Rat kidney transplantation is a common experimental model for the creation of general microsurgical or transplantation procedures, immunologic research, and the examination of transplant-related long-term alterations in arterial blood pressure. Main symptoms and Important clinical Findings:- A 45 years old male was admitted to a rural hospital in the medicine ward on date 11-01-2022 with the chief complaint of Vomiting, Nausea, fever and Urinary, Fatigue, high blood pressure, loss of appetite, malaise, or water-electrolyte imbalance Problem 1 week. The primary diagnosis, therapeutic interventions and outcome:-This case were diagnosed after a physical examination and research. Vesicular calculi with obstructive Hydronephrosis with CKD chief complaint pain, vomiting, and blood in the urine for one week. Weakness, severe muscle, severe loss of appetite and two weeks. Nursing perspective:- NS and RL nebulization are examples of fluid replacement. Vitals are being monitored on an hourly basis.Conclusion:-vesiccular calculi with obstructive Hydronephrosis with CKD case was rare. CysC more accurately depicts changes in renal function in patients with hydronephrosis brought on by ureteral calculi, and the CKD-EPI CysC equation has the highest accuracy. Early diagnosis and early treatment are necessary to prevent further complications. He responded to all medication, and her recovery was good.

Keywords: vesicular, calculi, obstructive, Hydronephrosis, CKD.

INTRODUCTION

vesicular calculi with hydronephrosis with chronic kidney disease is a medical condition which means a presence of stone in the bladder and swelling of the kidney because of urine retention. A kidney is damaged and can not filter urine Bladder.¹Stones or calcified materials found in the bladder are known as (vesical) calculi (or in a bladder substitute that functions as a urinary reservoir). A build-up of urine causes hydronephrosis, which causes a kidney to expand. A blockage or obstruction prevents urine from draining from the kidney into the bladder. One or both kidneys may develop hydronephrosis. The primary function of the urinary tract is to remove wastes and fluid from the kidney. Chronic kidney disease (CKD) is a long-term condition where the kidneys don't work as well as they should. It's a common condition often associated with getting older. It can affect anyone, but it's more common in persons of African descent or South Asian descent. Your kidneys are harmed and unable to properly filter blood if you have chronic kidney disease (CKD). 1,2
Patient information:

A 45-year-old man was admitted to rural hospital, complaining of pain, vomiting, blood in the urine, and urine problems. He also reported having severe weakness and loss of appetite. After a physical examination and investigation, the doctor determined that the patient had obstructive hydronephrosis and CKD complex.

Primary concerns and symptoms of the patient:

The primary symptoms were present at the time of admission in the current case, which was seen in the male medicine ward of rural hospital on the 11th of February. The main complaints were pain, nausea, blood in the urine, weakness, and severe muscle discomfort.

Medical, Family and psychosocial History:

The current case has a medical history of hydronephrosis, vesicular calculi, and chronic kidney disease. For it, he received treatment. He is a member of a nuclear family. He had stayed on excellent terms with the physician, the nurses, and other patients.

Relevant past intervention with the outcome:
The current patient was treated at a rural hospital, run by a rural hospital, in the male medicine ward on dated 11-02-22 with the chief complaint of pain in the abdomen, vomiting, blood in urine, severe muscle pain etc. After Sonography, x-ray, urine analysis, C.T. scan, ultrasound, physical examination and other investigations, vesicular calculi with hydronephrosis with chronic kidney disease was noticed, and his result was favourable.

Clinical Finding:
The patient was aware, had a moderately built body, and was thought to be in decent condition. In a complete Blood test, urine test, blood count HB% 13.3 %, Total R.B.C. count 3.62, Total WBC count 16400, Total platelet count 2.19, Monocytes 04, Granulocytes 85, Lymphocytes 10, RBS, glucose, plasma Random – 81 and other investigation LFT, KFT are done. After all examinations, the doctor diagnosed a case of vesicular calculi with obstructive hydronephrosis and chronic kidney disease.

Timeline:
The patient was awake and aware of the time, date, and location. He had maintained good personal hygiene, and she had a moderately formed body. It weighs 54 kg. Her vital signs are typical.. blood test, urine test, RBS, WBC, Total platelet count RBS.

Diagnostic assessment:
Taking into account the patient's History, physical exam, and investigation subsequent study, the patient was diagnosed with vesicular calculi with obstructive hydronephrosis with CKD.

Diagnostic challenging:
There were no difficulties throughout the diagnostic assessment.

Diagnosis:
Doctor identified a case following physical examination and investigation—vesicular calculi with obstructive hydronephrosis with CKD.

Prognosis:
Prognosis was a good

Therapeutic interventions:
the present case is mainly treatment medicine since there is no surgical treatment for this condition. However, medication may be prescribed to manage the symptoms, such as pain and urine problem stiffness. Drugs such as Inj. Potassium citrate 60 times/day, inj. Cyanocobalamin 1 mg Iv, Inj. Insulin glargine 15 mg Tab.alfuzosin10 mg changes medication, and no complications seen inpatient. No adverse effects of the drug on my patient.

Follow-Up And Outcome:

The clinical and patient-reported outcome, Despite all of the patient's efforts, the patients' active health will improve, and their health status will improve more.
Clinical And Patient Assessment Outcome: The patient’s condition became better.

Critical check-out investigation and other test results: help halt the disease’s progression and. Follow up with your doctor after a blood test, Urine test and other physical examinations to find out how far your condition has progressed.

Intervention adherence and tolerability: Patient regularly took all recommended meds, although occasionally she would object to taking them; moreover, he adhered to the dietitians. He advised eating healthy foods high in calcium and supplementing with multivitamins. Her intervention was followed by a letter.

Unfavourable and unexpected events: - on any

From the nursing perspective vital signs were monitored, and maintained the patient's intake and output. Maintained fluid and electrolyte balance and provided psychological support to the patient. Administration of medication as per doctor orders.

A discussion: The instance mentioned above was treated at the rural hospital run by rural hospital Wardhain medicine ward on date 11-2-2022 with the chief complaint of pain, vomiting, blood in the urine and urine problem, since Weakness, severe muscle severe loss of appetites etc. A case of after a physical examination and research, a doctor, diagnosed vesicular calculi with obstructive hydronephrosis with CKD. 23-31

Bladder calculi make up about 5% of all urinary calculi. When the weight of a urinary bladder stone exceeds 100 g³, it is classified as a large calculus. Multiple vesical calculi and giant vesical calculi are very infrequent. In contrast to women, men are more likely to be impacted. 4 Chronic Bladder calculi are most frequently caused by urinary retention, bladder outlet obstruction, urinary tract infection, prolonged catheterization, foreign bodies, and neurogenic bladder. 6

Conclusion:

Management and complication of vesicular calculi with obstructive hydronephrosis with CKD Morel Leveille Syndrome was rare early diagnosis and early treatment are necessary to prevent further complications. He response to all medication and her recovery was good.

REFERENCES


