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NEPHRECTOMY FOR TUBERCULOSIS. REVIEW OF 96 CASES

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From 1916 to 1950 a period of thirty-five years, ninety-six patients have undergone nephrectomy for renal tuberculosis at the Henry Ford Hospital. This represents seventeen per cent of all nephrectomies performed during this time.

Many advances have been made in the treatment and early diagnosis of pulmonary tuberculosis and a decline noted in the incidence of all forms of extrapulmonary tuberculosis. For this reason it is perhaps interesting to compare nephrectomies for tuberculosis with nephrectomies for other causes during successive five year periods. (Table 1.) Males and females were represented almost equally, 47 males and 49 females.

TABLE 1—COMPARISON—5 YEAR PERIODS

<i>Year</i>	<i>Neph. Tb.</i>	<i>Neph. Other</i>	<i>Per Cent</i>
1916-20	3	8	27
1921-25	4	48	7
1926-30	25	50	33
1931-35	18	58	23
1936-40	13	71	15
1941-45	17	106	13
1946-50	16	128	11

TABLE 2—AGE INCIDENCE

	<i>Number of Cases</i>	<i>Per Cent</i>
1-10	1	1
11-20	4	4.1
21-30	20	20.8
31-40	39	40.6
41-50	23	23.9
51-60	6	6.2
61-70	—	—
71-80	—	—

The age incidence showed that the greatest number of patients were in the fourth decade. (Table 2.) The youngest was a boy of seven and the oldest fifty-nine.

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In the vast majority of these patients there was evidence of involvement of only the kidney that was removed. The other kidney showing no pus and no pyelographic evidence of destruction. In very few a tuberculous pyonephrosis was removed even though pus cells and tubercle bacilli were found in the urine from the opposite kidney.

The usual operative procedure was simple nephrectomy with excision of as much ureter as possible. Complete nephroureterectomy was performed in twenty-seven cases in which there was evidence of lower ureteral involvement.

There were four operative deaths, with an operative mortality rate of 4.1 per cent.

A brief review of these deaths is presented:

Henry Ford Hospital No. 77219—expired during the immediate postoperative period of uncontrollable hemorrhage.

Henry Ford Hospital No. 373944—expired on the eighth postoperative day of tuberculous meningitis.

Henry Ford Hospital No. 434096—expired on the twentieth postoperative day with tuberculous peritonitis, a duodenal fistula and thrombosis of the vena cava and renal vein.

Henry Ford Hospital No. 149377—this patient had an incision and drainage of a perinephric abscess one month prior to nephrectomy. Death occurred one day following nephrectomy. Post mortem examination revealed bilateral destruction of the adrenal cortices.

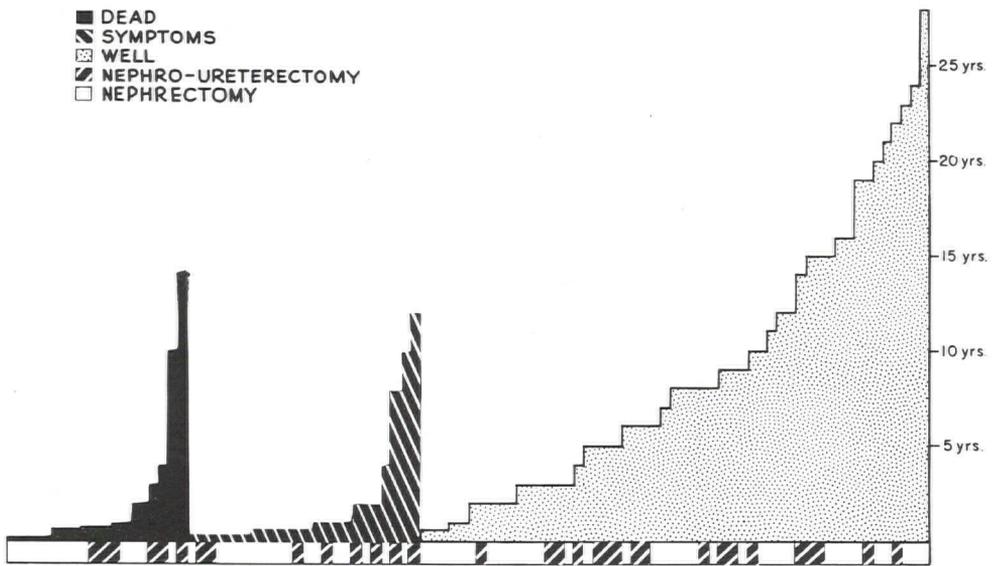
Nineteen of the patients operated on had either a wound infection or wound separation with persistent sinus formation. Only thirteen patients received streptomycin during the operative period but none of these had a wound infection or sinus formation.

Three patients, one of whom was mentioned among the operative deaths, had adrenal cortical destruction. Two of these were diagnosed clinically as Addison's disease and all were confirmed at autopsy.

Fifteen or thirty-two per cent of the male patients had associated genital tuberculosis as evidenced by nodularity of the vas, epididymis or prostate. Thirty-six patients presented evidence of extra-genital tuberculosis, usually pulmonary or bone and joint.

The average duration of cystitis among those who recovered was a little less than a year. In four patients symptoms of cystitis and continued infection persisted until death fourteen, ten, four and three years after surgery. Three patients still living have continued to have pyuria and symptoms of cystitis intermittently for twelve, ten and eight years.

Of the ninety-six patients fourteen were operated on within the past five years and are omitted from the statistics concerning survival. Twenty-four patients were lost to follow up during the first five years following nephrectomy. Nineteen patients are known to have died. Thirty-nine patients were known to be alive for at least five years following nephrectomy and have been followed an average of 12.2 years. In computing the five year survival, the twenty-four patients lost to follow up have been added to the known deaths giving the maximum possible deaths as forty-three. This results in a 47.5 per cent minimum five year survival. Excluding those lost to follow up the five year survival is sixty-seven per cent.



Graph Depicting Results and Follow-up of the Ninety-six Patients Undergoing Nephrectomy for Tuberculosis