## 360 XIX. Diseases of the Urinary System

Pyonephrosis and Pyoureter		
Kidney: • Is enlarged (in general appearance)		
Renal tissue proper:	• Is diminished	
	• Atrophied	
	<ul> <li>Shows greyish fibrous tissue</li> </ul>	
Calyces:	• Dilated	
	• Cystic (moderately)	
	Contain dull yellowish exudate	
Renal pelvis (and calyces):	Moderately dilated	
	<ul> <li>Distended with dirty purulent exudate</li> </ul>	
Ureter	Has thickened walls	
	Dilated lumen	
	<ul> <li>Evidence of fibrosis</li> </ul>	
	Reddish-yellow exudate (suppurative)	

## **N.B.:**

- This pyonephrosis (and pyoureter) occurred as a sequel to hydronephrosis due to a superimposed infection.
- Other sequels to hydronephrosis →
  - 1. Fibrosis.
  - 2. Compensatory hypertrophy of the other kidney (in unilateral cases).

## Infected hydronephrosis (pyonephrosis)





Tuberculous Pyonephrosis IV- 2. 3141			
Kidney:	Appears as i	Appears as if enlarged	
	Studded with	Studded with tubercles and small caseous nodules	
	• Shows tuber	Shows tuberculous cavities	
	Cavities:	• Tuberculous	
		<ul> <li>Pyonephrotic</li> </ul>	
		Necrotic lining	
		• Contain dirty creamy yellowish tissue	
Pelvi-ureteric junction:		Marked tuberculous granulation tissue	
		• Evidence of obstruction	

## **N.B.:**

There appears extension of the tuberculous lesion into the small portion of ureter present. The ureter, in this case, was rigid, thick-walled and stenosed.

