

## **Successful Transplantation of a Split Crossed Fused Lump Type Ectopic Kidney into Two Patients with ESRD**

**Introduction and Objectives:** Historically, kidneys with congenital abnormalities were often discarded because of the perceived risk of technical complications. However, as the waiting times for kidney transplants continue to increase, transplant centers have become more aggressive at using select kidneys with congenital abnormalities. Horseshoe kidneys are now routinely used for transplantation, either as a single or split graft. Renal ectopia describes the failure of the kidney to ascend and cross the midline during development, resulting in the ipsilateral position of both kidneys. In many cases they remain fused. Although these kidneys have an increased rate of vascular and ureteral anatomical anomalies, there are select reports of use in renal transplantation.

**Materials and Methods:** The donor was a 27-year-old male with head trauma during a motorcycle accident. He did not have significant past medical or surgical history. The patient was hemodynamically stable with good urine output and the serum creatinine was 1.3 at the time of donation. After laparotomy through midline incision we saw that both kidney was fused in the form of lump crossed ectopia located in the left side. We decided to divide two fused kidney and after splitting them, each of them was transplanted to one recipient. We performed four vascular anastomosis for each recipient (two arteries and two veins). Both recipients were of low socioeconomic status and had been transplanted previously with 6 and 7 years free of dialysis, respectively. There was immediate diuresis in both recipients after declamping of anastomoses. During 9 months' follow-up, serum Cr of both patients was lower than 1.5. One patient had lymphocele refractive to conservative management, treated surgically with peritoneal window opening lymphocele into peritoneum. The other patient had pelvicutaneous fistula treated with open.

**Conclusion:** Crossed fused renal ectopia should not be considered a contraindication to transplantation. The kidneys must be both procured and transplanted with careful attention to the anomalous vascular and ureteral anatomy. Transplant surgeons should be familiar with potential anatomic variations to ensure these grafts are not wasted.