

## References

1. Hardy JD. High ureteral injuries. Management by autotransplantation of the kidney. *JAMA* 1963; **184**:97-101.
2. Novick AC. Extracorporeal renal surgery and autotransplantation. [In] Novick AC, Straffon RA, eds. *Vascular Problems in Urologic Surgery*. Philadelphia, WB Saunders, 1982, pp 305-328.
3. Hewitt CB, Nitz GL, Kiser WS, Straffon RA, Stewart BH. Surgical treatment of retroperitoneal fibrosis. *Ann Surg* 1969; **169**:610-615.
4. Ormond JK. Bilateral ureteral obstruction due to envelopment and compression by an inflammatory retroperitoneal process. *J Urol* 1948; **59**:1072-1079.
5. Tressider GC, Blandy JP, Singh M. Omental sleeve to prevent recurrent retroperitoneal fibrosis under the ureter. *Urol Int* 1972; **27**:144-148.
6. Ross JC, Goldsmith HJ. The combined surgical and medical treatment of retroperitoneal fibrosis. *Br J Surg* 1972; **58**:422-427.
7. Oschner MG, Brannan W, Pond HS, Goodlet JS Jr. Medical therapy in idiopathic retroperitoneal fibrosis. *J Urol* 1975; **114**:700-704.
8. Mitchinson MJ, Withycombe JFR, Jones RA. The response of idiopathic retroperitoneal fibrosis to corticosteroids. *Br J Urol* 1971; **43**:444-449.
9. Cooksey G, Powell PH, Singh M, Yeates WK. Idiopathic retroperitoneal fibrosis, a long-term review after surgical treatment. *Br J Urol* 1982; **54**:628-631.
10. Stewart BH, Banowsky LH, Hewitt CB, Straffon RA. Renal autotransplantation: current perspectives. *J Urol* 1977; **118**:363-368.
11. Waltzer WC, Zincke H, Sterioff S. Renal transplantation: its use in a patient with systemic lupus erythematosus and complete occlusion of inferior vena cava. *Arch Surg* 1980; **115**:987-988.
12. Daouk AA, Crummy AB, Schulman EY, Kisen WA, Malek CH. Renal vein thrombosis in canine kidney transplants. *Ann Surg* 1972; **175**:35-40.
13. Lempert N, Erdman J, Ratnam M, Kasmody A. Experimental use of the vena cava clip in renal transplantation. *J Surg Res* 1974; **16**:277-282.
14. Schwartz GR, Banowsky LH, Peter ET, Blakely WR, Klingler EL. Inferior vena caval interruption in renal transplant recipients. *Am Surg* 1974; **40**:178-180.
15. Palleschi J, McAninch JW. Renal autotransplantation for retroperitoneal fibrosis. *J Urol* 1981; **125**:408-411.
16. Linke CA, May AG. Autotransplantation in retroperitoneal fibrosis. *J Urol* 1972; **107**:196-198.
17. Munda R, Mendoza N, Alexander JW. Renal autotransplantation for retroperitoneal fibrosis (letter). *Arch Surg* 1982; **117**:1615.

## Commentary

Lynn H. Banowsky, M.D., Professor, Division of Urology; Chief, Section of Renal Transplantation, University of Texas, San Antonio; comments: The authors correctly point out that ureterolysis with either lateral placement of the ureters in the retroperitoneal or intraperitoneal spaces has a significant incidence of reobstruction. These failures present a difficult technical challenge that has been frequently resolved by ileal substitution or permanent nephrostomy-tube drainage, both of which are less than ideal.

Renal autotransplantation should not be viewed as "heroic" therapy for a patient after earlier ureterolysis and ureteral relocation have failed. The technical problems associated with

the vascular anastomosis are no more formidable than those encountered when creating an ileal replacement for the ureter. The long-term complications of the autotransplanted kidney conceivably will be fewer than those occasioned by ileal substitution. When autotransplantation for retroperitoneal fibrosis is contemplated, both preoperative aortography and venography are necessary. The authors are to be congratulated for their fresh approach to treating the 4 patients they describe here and for demonstrating that even significant venous obstruction does not necessarily rule out a renal autotransplantation in the presence of retroperitoneal fibrosis.