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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.