TRIPLE RENAL ARTERIES OF THE LEFT KIDNEY WITH ABERRANT LEFT GONADAL ARTERY

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ABSTRACT

Objective:
The purpose of this case report is to bring into light about three renal arteries supplying the left kidney which is a rarity. The cranial and caudal accessory renal arteries were of aortic in origin and had significance lumen size. The cranial artery terminated into two segmental arteries. The caudal renal artery gave rise to the left gonadal artery and the point of emergence of it showed a deep kink.

Materials And Methods: A formalin - fixed elderly male cadaver along with Routine instruments including Scalpel, Blade, Surgical forceps, Anatomical Forceps, Dissector, Metallic Scale with Calibrations along with a pair of gloves were used. The anterior abdominal wall was dissected layer by layer. The reflection of the peritoneum was traced both horizontally and vertically. The visceral organs like liver, stomach & intestines were all studied in situ and dissected out. The duodenum, pancreas and spleen were all dissected away from the abdominal cavity and the peritoneum was stripped to visualize the kidneys.

Result: Dissection of an elderly male cadaver revealed a left kidney supplied by triple renal arteries i.e., double accessory renal arteries along with its main renal artery. The first accessory renal artery arose from the lateral aspect of the abdominal aorta by the side of superior mesenteric artery. It had tortuous horizontal course and terminated into two segmental branches. The proximal branch had its portal of entry just above the hilum and the second branch entered the kidney at the upper part of the hilum. The second accessory renal artery arose from the anterior aspect of the aorta much below the main renal artery. It had a horizontal course towards the hilum of the kidney but showed a kink due to the emergence of the left gonadal artery. There was an alteration in the hilar anatomy due to these three arteries.

Conclusion: Knowledge of the renal vascular variations is indispensable in the exploration and treatment of renal trauma, reno vascular hypertension, renal embolization, angioplasty or vascular reconstruction for congenital and acquired lesions, surgery for abdominal aortic aneurysm and conservative or radical renal surgery. Anatomical knowledge of such vascular variations is essential for the radiologists, urologists while performing angiograms and renal transplantations.

INTRODUCTION

Renal arteries are a pair of lateral branches from abdominal aorta. Just below the origin of superior mesenteric artery (1). Normally each kidney receives one renal artery which divides into anterior and posterior branches these in turn divide into segmental arteries irrigating the different renal segments (2). Classically a single artery supplies the kidney and is called the main renal artery (3). However, accessory renal arteries can also exist. The normal renal arteries enter the kidney through its hilum where as the accessory renal arteries might enter the renal artery through the hilum or through the surfaces or poles of the kidney. Among the renal vascular variations double renal arteries are frequently discovered irrigating the left kidney (4).

The gonadal arteries arise from the front of the aorta, usually 1-2 inches (2.5-5 cm) below the renal arteries. These arteries are small and variable in their origin. In the male, the arteries diverge from each other and pass laterally over the front of the psoas major muscle in a retroperitoneal position. Each artery crosses in front of the
corresponding ureter giving a branch to it. The right gonadal artery runs behind the terminal portion of the ileum, while the left gonadal artery passes behind the sigmoid colon. The artery skirts the pelvic brim, and crosses anterior to the distal end of external iliac artery to enter the internal inguinal ring (5). Then it accompanies the ductus deferens through the inguinal canal to the testis (6). The gonadal artery arising from the main or accessory renal artery is referred as aberrant gonadal artery (7).

EMBRYOLOGY

The embryological explanation of these variations has been presented and discussed by Keibel F and Mall FP in great detail [8]. In an 18 mm fetus, the developing mesonephros, metanephros, suprarenal glands and gonads are supplied by nine pairs of lateral mesonephric arteries arising from the dorsal aorta. Felix divided these arterial pairs into three groups as follows: the 1st and 2nd arteries as the cranial group, the 3rd to 5th arteries as the middle group and 6th to 9th arteries as the caudal group. The middle group gives rise to renal arteries. Persistence of more than one renal arteries of the middle group results as multiple renal arteries [8]. Accessory renal arteries are found frequently on the left side an occurrence is as high as 30-35% of cases, these arteries usually enter the upper or lower poles of the kidney [9].

MATERIALS AND METHODS:

A formalin – fixed elderly male cadaver along with Routine instruments including Scalpel, Blade, Surgical forceps, Anatomical Forceps, Dissector, Metallic Scale with Calibrations along with a pair of gloves were used. Kidneys are a pair of excretory organs lying over the posterior abdominal wall on either side of vertebral column retroperitoneally. The anterior abdominal wall was dissected layer by layer. The reflection of the peritoneum was traced both horizontally and vertically. The visceral organs like liver, stomach & intestines were all studied in situ and dissected out. The duodenum, pancreas and spleen were all dissected away from the abdominal cavity and the peritoneum was stripped to visualize the kidneys. The fat and the renal fascia from anterior surfaces of the left kidney were removed. At the hilum of the kidney the left renal vein was seen draining into the Inferior Vena Cava (IVC).

RESULT/OBSERVATION

Dissection of an elderly male cadaver revealed a left kidney supplied by triple renal arteries i.e., double (cranial and caudal) accessory renal arteries along with its main renal artery. The main renal artery arose from the anterolateral aspect of the aorta about 1.8 cm below the origin of superior mesenteric artery. It coursed horizontally to reach the hilum of the kidney. (Fig-1) The cranial (first) accessory renal artery arose from the lateral aspect of the abdominal aorta by the side of superior mesenteric artery. It was tortuous having horizontal course and terminated into two segmental branches. Both the segmental branches were tortuous. The proximal branch had its portal of entry just above the hilum and the distal branch entered the kidney at the upper part of the hilum just anterior to the vein. (Fig1&2). The caudal (second) accessory renal artery arose from the anterior aspect of the aorta 3.8 cms below the origin of the superior mesenteric artery and about 3.2 cms above inferior mesenteric. It was longer and had a horizontal course towards the hilum of the kidney but showed a kink due to the emergence of the left gonadal artery from its inferior surface. (Fig-2) A large renal vein is seen running horizontally towards the inferior vena cava lying just below the main renal artery. Small tributaries are seen along the hilar margin draining into the main renal vein. (Fig 1&2) There was an alteration in both the horizontal and vertical disposition of hilar structures. Instead of Vein, Artery, Pelvis, (VAP) the vertical disposition was Artery, Vein, Pelvis, Artery (AVPA). (Fig -3) the hilar anatomy due to the segmental branches of cranial, main and caudal accessory arteries. The renal pelvis was placed most posteriorly. The right kidney did not exhibit any variation.

FIG – 1 ANTERIOR VIEW OF LEFT KIDNEY INSITU

SMALL ARROW INDICATE THE SMALL CAPSULAR VEINS OPENING INTO THE LARGE MAIN RENAL Vein. RK - RIGHT KIDNEY, LK - LEFT KIDNEY

A-AORTA IMA-INFERIOR MESENTERIC ARTERY MRA-MAIN RENAL VEIN LGRA-LEFT GONADAL VEIN LGA-LEFT GONAL ARTERY **KINKING OF CAUDAL ACCESSORY RENAL ARTERY MRA-MAIN RENAL ARTERY UP - UPPER POLE LP - LOWER POLE IVC Inferior Vena Cava

CDARA- CRANIAL ACCESSORY RENAL ARTERY Pr PROXIMAL BRANCH, Dt DISTAL BRANCH

CT COELIAC TRANK

FIG – 2 SUPERIOR VIEW OF THE LEFT-KIDNEY INSITU

A-AORTA IMA-INFERIOR MESENTERIC ARTERY MRA-MAIN RENAL VEIN LGRA-LEFT GONADAL VEIN LGA-LEFT GONAL ARTERY **KINKING OF CAUDAL ACCESSORY RENAL ARTERY MRA-MAIN RENAL ARTERY Ct COELIAC TRANK

SMA-SUPERIOR MESENTERIC ARTERY

MA-MAJOR ARTERY

LGRA-LEFT GONADAL ARTERY
The present case had double accessory renal arteries along the medial border, just above the hilum about 2.2 cm below the upper pole. The caudal accessory renal artery had its portal of entry via the hilum just below and anterior to the renal pelvis.

S Bindu 2010 reported right accessory inferior polar renal artery coexisting with multiple vascular variations. Right Testicular artery was a branch of accessory renal artery. Right Obturator artery was a branch of posterior division of internal iliac artery (17). The present case is a vascular variation on the left side and the left gonadal artery arose from caudal accessory artery. 

Like Ali Gurses reports occurrence of double hilar renal arteries bilaterally. On right side, upper renal artery gave two suprarenal branches and lower renal artery gave a testicular branch in addition to a testicular artery that arose from aorta just proximal to inferior mesenteric artery. Superior left renal artery gave segmental branches and the lower renal artery gave testicular branch. (18) The present case report is a left sided unilateral variation where in the cranial accessory artery terminated into a proximal and distal branch. Both were supplying the left kidney. No branches arose to supply the supra renal glands. The caudal accessory renal artery gave rise to the left gonadal artery and the point of emergence showed a deep kink.

K Khamanarong 2004 found single hilar artery in 82%, double in 17% (this includes 7% of upper polar arteries and 3% of lower polar arteries) & Three renal arteries in 1% (10). The statistical data signifies the rarity of the present case of a left kidney irrigated by triple renal arteries.

The incidence of triple renal arteries is reported to be 3.33% and the gonadal artery arising from renal artery was reported to be 10.0% by Ambica Wadhwa (11). The incidence of the left gonadal artery from the renal artery was reported by Cauldwell and Anson to be 4.3%, (12) by Pick and Anson to be 6.1%, (13) Notkovich to be 6.5% (14). In the present case the left gonadal artery arose from the caudal accessory renal artery.

Anupama Gupta 2011 states that presence of 5 to 6 pairs of renal arteries from dorsal aorta in frog, 3 pairs in domestic fowl and 3 or more in lizard is a normal phenomenon. Cranial pairs arise from abdominal aorta while the caudal ones from distal branches of aorta. 17 cadavers out of 60 showed the presence of accessory renal artery. In one of the cadavers three accessory renal arteries were seen on left side and two on right side. Our case shows presence of two accessory renal arteries on right side (15). In the present case the two accessory renal arteries arose directly from the aorta to supply the left kidney the cranial accessory had two terminal branches i.e., proximal and distal branch. The caudal accessory artery gave rise to the left gonadal artery.

Dr. Neelesh Kanaskar reported double accessory renal arteries along with the main accessory artery irrigating the kidney the cranial artery gained its portal of entry by piercing the anterior substance of the kidney about 4 cm below the upper pole. The caudal accessory renal artery entered through the lower pole of the kidney (16). The present case had double accessory renal arteries supplying the left kidney. The cranial accessory artery terminated into a proximal and a distal branch the proximal branch had its portal of entry along the medial

REFERENCE


