

## LETTERS TO EDITOR

My gratitude and felicitations for success in producing the JPMI regularly and maintaining its standards. Your efforts are more appreciable under the circumstances of less manpower in terms of experiences in editing and publications.

However, "continuous medical education" and the "advances in medical technologies" demand from us our due share. You have excellently quoted the life as "gift of God" and the doctor's role as an "Artist" who is supposed to work hard not only in scientific applications of his art but to plaster the inner cracks in such a way that the final shape looks normal or near to normal.<sup>1</sup> Related to the art of medicine, you have correctly quoted that the "prescription of pills may not be a supreme example of art but extraction of proper chronological history and making of correct diagnosis do fall into the realism of art. For this purpose we have to share our experiences of our artistic work through our medical journals.

I wish to bring to light certain facts regarding article entitled "Mega renal cyst."<sup>2</sup> The genesis of renal tissue cannot occur with absent renal pelvis and with cord like ureter. Absence of renal pelvis with cord like ureter means ureteric atresia. In this

condition a fibrous stalk may represent the ureter which may be capped by some form of an anomalous dysplastic renal remnant. When atresia involves uretero-pelvic area only, a multicystic dysplastic kidney with no intervening normal tissues caps the segment. The kidney typically appears a "bunch of grapes" and does not have a reniform configurations.<sup>3</sup>

You will agree the specialities can be of much help in this connection. It is therefore my suggestion that articles for publications should be referred and reviewed by the concerned specialty before its publication.

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### REFERENCES

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## REPLY OF AUTHOR

I wish to submit in reply that the cord like poorly developed condition of the ureter is also called "Atresia" but this will be untrue that the genesis of renal tissue cannot occur unless there is a renal pelvis. The kidney develops from 2 different structures. The ureteric bud which arises from the mesonephric duct and the metanephric system. The ureteric bud normally gives rise to collecting system upto the collecting tubules. The metanephric system gives rise to excretory system i.e. nephrons.<sup>1</sup>

In case of solitary renal cyst the exact cause or abnormality is not known but the following hypotheses are mentioned:

- a. These cysts are remnant of second, third or fourth order nephrons.<sup>1,2</sup>
- b. Abnormal development of collecting system.<sup>1</sup> In some of these cases cyst formation result from hyperplasia of the wall of collecting tubules.
- c. Abnormal differentiation of ureteric bud resulting in dilated, constricted or sometimes atretic tubules produce cyst.<sup>1,2</sup>

The embryological renal pelvis, part of the ureteric bud, is a solid structure, which may remain atrophic, and produce different abnormalities or expand into a normal pelvis or may split into two. The pelvis or collecting system does not grow in proportion to the size of excretory system. It is

common observation that a large kidney may have very small pelvis and vice versa. This is why that the quotation of Campbell's urology 1992 is not the last word in the above mentioned renal abnormality and is not supported by most.<sup>4</sup> In the article when we mentioned that no pelvis was found, we meant that macroscopic renal pelvis like structure as can be seen in the close up photographs could not be seen and the same was noticed when the reporting pathologist independently examined the specimen. The embryological remnant of ureteric bud represented is cord like ureter and cord like calyceal system could be seen and identified.

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