

Pelviureteric junction (PUJ) obstruction

Information for you



Leeds
Maternity Care

Who is this information leaflet aimed at?

This leaflet is aimed at pregnant women where pelviureteric junction obstruction is suspected in their baby, after an ultrasound examination. This leaflet should only be given in addition to a consultation with a senior obstetrician and/or fetal medicine specialist.

What is pelviureteric junction obstruction?

Pelviureteric junction obstruction is a term used to describe a blockage of the flow of urine from part of the kidney known as the renal pelvis to the ureter, which is the tube that carries urine onwards to the bladder.

It is also sometimes called ureteropelvic junction obstruction, PUJ obstruction or UPJ obstruction.

It occurs in approximately 1 in 2000 babies and is a little more common in baby boys. Most of the time it affects only one of the kidneys (unilateral) but can occur in both (bilateral).

What causes it?

This may occur because there is an abnormality in the structure of the wall of the PUJ. This can exist from birth or develop later in life, secondary to other causes. Some cases of PUJ will be present from birth but the person may not develop symptoms until later in life.

PUJ obstruction usually occurs as an isolated problem. It is not something we associate with an underlying chromosomal or genetic abnormality.

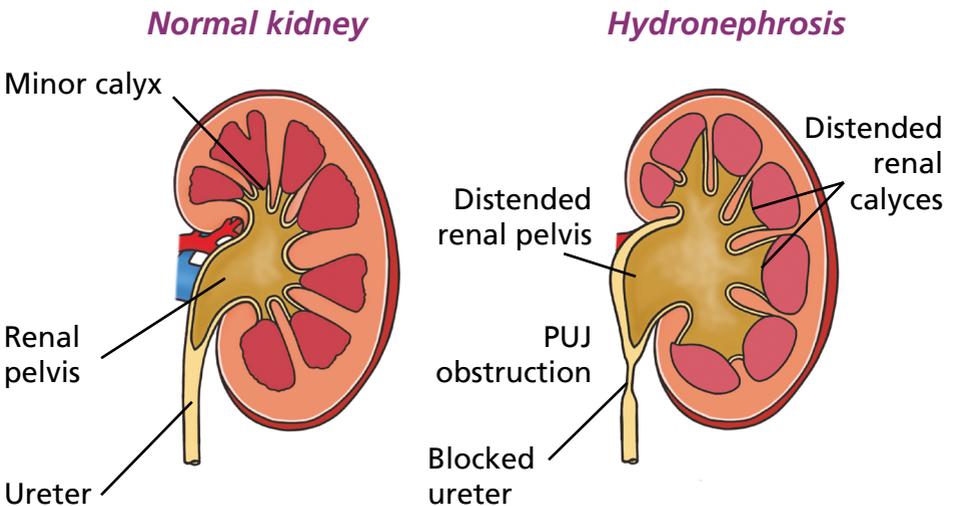
This has not been caused by anything you have done during your pregnancy and there is nothing you could have done to prevent it.

How is it diagnosed?

This problem can be diagnosed in pregnancy during an ultrasound scan. It may also be diagnosed after birth because the child or adult develops symptoms associated with the abnormality.

The features on an antenatal ultrasound scan that may lead your doctor to suspect a PUJ obstruction are: swelling of the central part of your baby's kidney, or kidneys (referred to as a pelvicalyceal dilatation) with no visible swelling of the ureter (the tube beyond the kidney that carries urine to the baby's bladder).

After your baby is delivered, doctors from your paediatric team will organise some additional tests to confirm this diagnosis. This will involve another ultrasound scan and some specialist X-rays.



What does it mean for my baby?

Most babies born with PUJ obstruction are well at birth and will not have significant problems in the long term.

Possible symptoms related to PUJ obstruction are usually due to the development of a urinary tract infection. In babies these symptoms may be irritability and fever.

This diagnosis will not usually affect plans for where, when or how your baby is born. Your baby will have an examination by the neonatal team after they are born. The neonatal doctor may take a blood test to check your baby's kidney function and arrange some more scans and specialist X-rays which can usually be done as an outpatient.

What are the treatments?

This is not a problem that requires treatment during pregnancy. Your doctor will arrange some more scans during your pregnancy to check if the swelling in your baby's kidney is getting worse and to measure the amount of amniotic fluid round your baby. The amniotic fluid measurement reflects how well your baby's kidneys are functioning.

After your baby is born, they may require treatment with antibiotics to reduce the risk of developing urinary tract infections.

It is not common for children with PUJ obstruction to require surgery to manage the problem. Occasionally, if recurrent urinary tract infections are problematic, your doctor may suggest a surgical procedure called a pyeloplasty.

Is it likely to happen again?

There is no increased chance of this problem happening again in a future pregnancy. You may be offered some additional scans in future pregnancies for reassurance.

Where can I get more information?

Be sure to ask the doctor who is giving you this leaflet any questions you may have. Make a note of any questions you would like to ask at your Fetal Medicine Unit appointment. Your local hospital will also have a specialist midwife who you will be able to contact for further discussion.

Another helpful charitable resource is

Antenatal Results and Choices: www.arc-uk.org



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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