



URETEROCELE WITH VARIABLE PRESENTATIONS IN ADULTS, OUR INSTITUTIONAL EXPERIENCE.

Urology

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ABSTRACT

Introduction Ureterocele is a congenital abnormality with a cystic dilatation of the lower part of the ureter, often associated with other anomalies like stenotic ureteric orifice or duplicated system along with other clinical sequelae. They could lead to various effects with regard to obstruction, reflux, and renal function. It occurs in 1 out of 4000 individuals and it is 4 times more common in females than in males and 10% of the cases being bilateral. **Material and Methods:** A review of 10 Patients diagnosed with ureterocele during a period of one year from January 2022 to January 2023 at Government Stanley Medical College and Hospital, Chennai. Demographic details such as age, gender, clinical presentation, blood investigations, radiological imaging were conducted. Patients were assessed for long term outcomes. We are reporting cases with ureterocele presented with Urinary tract infection, abdomen pain and associated with calculus within the ureterocele and in ureter. **Discussion:** In our study age distribution is from 30 years to 60 years with Mean age of 32 years. Male to female ratio is 3:2. Most of the patients presented with loin pain followed by fever, dysuria, Lower urinary tract symptoms and calculus. Endoscopic incision procedure done with Dj stenting and patients followed for long term. **Conclusion** Ureterocele represents a clinical challenge in term of diagnosis and management due to their variable presentations and types. Treatment has to be individualized to each case and its co-existing pathology. Ureterocele which are complicated by stones can be effectively managed with endoscopic resection.

KEYWORDS

Ureterocele, Urinary tract infection, congenital, calculus

INTRODUCTION

Ureterocele is a congenital abnormality with a cystic dilatation of the lower part of the ureter, often associated with other anomalies like stenotic ureteric orifice or duplicated system along with other clinical sequelae.¹ They could lead to various effects with regard to obstruction, reflux, and renal function.

It occurs in 1 out of 4000 individuals and it is 4 times more common in females than in males and 10% of the cases being bilateral.² It is a developmental anomaly and while its pathogenesis is unknown, several theories have been proposed, however the most accepted mechanism is failure in regression of the Chwalla membrane which is a membrane between the urogenital sinus and the developing ureteral bud.³

In the adult population the diagnosis is usually made incidentally, sometimes it presents with intermittent flank pain, recurrent urinary tract infection or calculus. One of its presentations in the adult population is the presence of a stone, usually a solitary stone, inside the ureterocele. Ureterocele may be intravesical (orthotopic) or extravesical (ectopic).⁴

We are reporting case series of ureterocele presented with UTI, abdomen pain and associated with stone within the Ureterocele and in ureter.

AIM:

To study various clinical presentations, radiological findings, management and its clinical outcome of ureterocele.

MATERIALS AND METHODS:

We reviewed 10 patients admitted in govt Stanley Medical College

during a period of one year from January 2022 to January 2023. Interests were focused on various presentation, radiological findings and management of patients.

RESULTS:

Majority of the patients were in age group 30-40 years with mean age being 32 years. The male to female ratio was 3:2. The clinical presentations of the patient are summarized in Table 1.

Table – 1 Clinical Presentations

Features	No. of Patients	percentage
Loin pain	7	70%
fever	2	20%
Dysuria	2	20%
LUTS	4	40%
Calculus	4	40%

CONCLUSIONS

Ureterocele represents a clinical challenge in term of diagnosis and management due to their variable presentations and types. Treatment has to be individualized to each case and its co-existing pathology. Ureterocele which are complicated by stones can be effectively managed with endoscopic resection.

REFERENCES:

- Atta ON, Alhawari HH, Murshidi MM, Tarawneh E, Murshidi MM. An adult ureterocele complicated by a large stone: A case report. *Int J Surg Case Rep.* 2018;44:166-171.
- Schultz K, Todab LY. Genetic Basis of Ureterocele. *Curr Genomics.* 2016;17(1):62-69.
- Jeffrey P.W. Embryogenesis of ureteral anomalies: a unifying theory. *Aust. N. Z. J. Surg.* 1988;58:631-638.
- Thakkar NB et al. *Int J Res Med Sci.* 2019 May;7(5):1972-1975.