Prolapsed Ureterocoele - A Rare Midline Mass In Females

Manjunath Shetty*, Anuj Mahajan**, Prashanth Adiga***, Nanda Kishore****, Vivek Pai****

*HOD, **MCH Resident, *** Assistant Professor, **** Assistant Professor,

Department of Urology, FMNCH, Mangalore, 575002

Abstract: Ureterocole is a congenital anomaly of the distal ureter found mostly in females . Rarely these may prolapse in the urethera and appear as a midline mass. A 19 year old female presented with difficulty in voiding with an intralabial mass . The mass was reduced into the bladder followed by excretory urography which showed a distal ureteric lesion .Cystosocpy was done which showed a ureterocoele on the left side. A transuretheral incision of ureterocoele was done . Prolapsed ureterocoele should be kept as a differential diagnosis in young females .However it should be differentiated from caecoureterocoele. Transuretheral incision is the optimal treatment modality for these patients . [Shetty M Natl J Integr Res Med, 2019; 10(6):75-76]

Key Words: Ureterocele, female, midline mass

Author for correspondence: Dr.Anuj Mahajan, Mahajan Nursing Home, Dhangu Road, Pathankot, Punjab. E mail: mahajan1612@gmail.com M: 9878114870

eISSN: 0975-9840

Introduction Ureterocoele is a congenital anomaly of the lower urinary tract in which the terminal part of the ureter is dilated . The clinical incidence occurs from 1/5000 to 1/12,000 per birth and is more common in females (female:male = 4-7:1) ¹. Ureterocoeles are found most commonly in young age group. Adults mostly present with occurrence of calculi within the ureterocoeles ² . Polapse of ureterocoele is a common occurrence in newborn girls , however is relatively uncommon in adult females ³ .

Case Report: A 19 year old female came with complaints of a mass protruding from the vagina and difficulty in passing urine . on examination the meatus was not identified separately. There was a cystic lesion about 4 cm in diameter [Figure 1] . On palpation clear urine was seen to come out from the cyst . The cyst was completely decompressed after which the cyst wall spontaneously reduced into the bladder and the patient was relieved of her symptoms.

Figure 1: Cystic Lesion of 4 CM



Intravenous urography was done the next day and the diagnosis of left side ureterocoele was made with no evidence of duplication .[Figure 2] .

The patient was taken up for endoscopic incision of the ureterocoele .On follow up after 1 month the patient was assymptomatic.

Figure 2: Intravenous Urography



Discussion: An ureterocele is defined as the cystic dilatation of the submucosal part of distal ureter. An ureterocele prolapsing through the urethra is extremely rare and may present as a diagnostic dilemma. While Scott ⁴ had reported an incidence rate of less than 5%, Shekarriz et al. ⁵ did not find any cases of prolapse in his review of 106 children.

Ultrasound is a relatively inexpensive and readily available investigation tool to diagnose ureterocoele, however it is not sensitive for extravesical ureterocoeles. IVU demonstrates the anatomy of the urinary tract and can readily diagnose ureterocoeles.MRI can also be used to diagnose the extension of the ureterocoele through the urethera.

In cases of intralabial masses a prolapsed ureterocoele needs to be differentiated from caecoureterocoeles in which the ureteric orifice is still inside the bladder while a sac protrudes

out . Initial treatment of proplased ureterocoeles is directed towards decompression of the mass. Manual reduction into the bladder might be attempted but recurrence is likely in the absence of a definitive treatment. Endoscopic transuretheral incision over the distal part of ureterocoele is the best definitive treatment .

References:

- Cooper CS, Snyder HM. Ureteral anomalies: The ureter. In: Gillenwater JY, Grayhack JT, Howards SS, Mitchell ME, editors. Adult and Pediatric Urology. Philadelphia: Lippincott Williams & Wilkins; 2002. p. 2162-76.
- Dominici A, Travaglini F, Maleci M, di Cello V, Rizzo M... Giant stone in a complete duplex ureter with ureterocele.. urology international. 2003; 71(e.g. 2): 336-337
- 3. Decter RM et al. Renal duplication and fusion anomalies. Pediatric Clinics of North America . 1997; 44(e.g. 2): 1323-41
- Scott JE. The single ectopic ureter and the dysplastic kidney. british journal of urology. 1982; 53(): 300-305
- 5. Shekarriz B, Upadhyay J, Fleming P. Long-term outcome based on the initial surgical approach to ureterocele.. journal of urology. 1999; 162(): 1072–1076.

Conflict of interest: None

Funding: None

Cite this Article as: Shetty M , Mahajan A, Adiga P, Kishore N, Pai V. Prolapsed Ureterocoele - A Rare Midline Mass In Females Subjects. Natl J Integr Res Med 2019; Vol.10(6): 75-76

eISSN: 0975-9840