Case Report

Unusual case of upper urinary tract obstruction: a case report

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ABSTRACT

Ureteric endometriosis is a very rare cause of upper urinary tract obstruction. Patients presented with left ureteric colic since 1 month, two episodes severe in intensity radiating from Lt loin to groin. 2x2 cm hard growth in mid ureter with dense adhesions to peritoneum, Lt fallopian tube and ovary, Lt internal iliac vein and serosa of sigmoid colon, left distal ureterectomy, left salpingo-oophorectomy and psoas hitch ureteric reimplantation was performed and specimen was sent for HPE. Diagnosis of left ureteric endometriosis was made on histopathological evaluation report. This diagnosis should be considered in the D/D of ureteral obstruction in a young female especially on Lt side. Carefully performed surgery in the form of ureteral excision and reimplantation preserves renal function.

Keywords: Ureteric endometriosis, Urinary tract obstruction

INTRODUCTION

Ureteric endometriosis a very rare cause of upper urinary tract obstruction.¹ This diagnosis should be considered in the D/D of ureteral obstruction in a young female especially on Lt side. Carefully performed surgery in the form of ureteral excision and reimplantation preserves renal function.²

CASE REPORT

Patients presented with left ureteric colic since 1 month, two episodes severe in intensity radiating from Lt loin to groin

- USG KUB was suggestive of left hydroureronephrosis due to left ureteric calculus.
- IVP: No radio-opaque shadow visualized, Gd IV Lt hydronephrosis, Lt ureter not visualized in entirety, cause of Lt hydronephrosis is ureteric growth.

Figure 1: IVP of left sided filling defect.

Provisional diagnosis of Lt upper urinary tract obstruction due to left mid-ureteric growth.
**Intra-op findings**

2x2 cm hard growth in mid ureter with dense adhesions to peritoneum, Lt fallopian tube and ovary, Lt internal iliac vein and serosa of sigmoid colon, left distal ureterectomy, left salpingo-oophorectomy and psoas hitch ureteric reimplantation was performed and specimen was sent for HPE.

Diagnosis of left ureteric endometriosis was made on histopathological evaluation report.

**DISCUSSION**

Endometriosis is defined as the presence of functional endometrial tissue in an ectopic site. It affects 10-15% of women of child bearing age. It has potential for malignant transformation.\(^3\) Genitourinary endometriosis (GUE) rare condition with involvement of the urinary tract in 1-5% of those affected with this disorder.

GUE: Bladder 70-80%, ureter 15-20%

The classical manifestation of GUE: cyclical flank pain, dysuria, urgency, UTI and haematuria. One third of patients may remain asymptomatic. It causes silent renal function loss.\(^4\) Diagnosis is usually made on the basis of high degree of suspicion and finding of hydronephrosis on USG. Further evaluation in form of IVU, CECT and MRI. Invasive investigation involves ureteroscopy and biopsy.\(^5\)

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**REFERENCES**


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