Case Report

DOI: http://dx.doi.org/10.18203/2349-2902.isj20170242

Unusual case of upper urinary tract obstruction: a case report

Amarjot Singh¹, Rahul Bhushan^{1*}, Prerna Chadha²

¹Department of Surgery, Era medical college, Lucknow, Uttar Pradesh, India

Received: 20 September 2016 Accepted: 20 October 2016

*Correspondence:

Dr. Rajkishore Singh,

E-mail: rahulbhushan98@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

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, It fallopian tube and ovary, It internal iliac vein and serosa of sigmoid colon, left distal ureterectomy, left salpingo-oopherectomy 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 left hydroureteronephrosis 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.

²Department of Pathology, Command Hospital, Lucknow, Uttar Pradesh, India

Intra-op findings

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

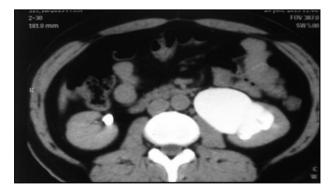




Figure 2: CT image with reconstruction.

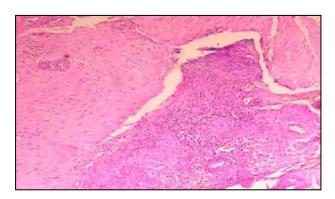


Figure 3: Microscopy of specimen showing endothelial cells.

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. 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.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

REFERENCES

- 1. Perez M, Bazan A, Dorrego JM, Hernandez A, Francisco MG, Hernández M, Santiago J, Barthel PJ. Urinary tract endometriosis: clinical, diagnostic, and therapeutic aspects. Urology. 2009;73:47-51.
- 2. Frenna V, Santos L, Ohana E, Bailey C, Wattiez A. Laparoscopic management of ureteral endometriosis: our experience. J Minim Invasive Gynecol. 2007;14:169-71.
- 3. Abeshouse BS, Abeshouse G. Endometriosis of the urinary tract. J Int Coll Surg. 1960;4:43-63.
- 4. Horn LC, Minh M, Stilzenburg JU. Intrinsic form of ureteral endometeriosis causing ureteral obstruction and partial loss of kidney function. Urol Int. 2004;73:181-4.
- 5. Rousselot F, Meillon ME. Renal endometriosis. Report of one case. Prog Urol. 1996;6:936-9.

Cite this article as: Singh A, Bhushan R, Chadha P. Unusual case of upper urinary tract obstruction: a case report. Int Surg J 2017;4:819-20.