



Rare Presentation of Ureterocele in Adult Male Patient

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Case Report

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Abstract

Background: Ureterocele presented with urine retention in a 38-year-old male patient is so rare to be seen.

Case presentation: Male 38 Years old presented with severe lower abdominal pain and urine retention, Urine for c/s & urine routine analysis were normal. Abdomen & pelvis u/s revealed retention and cystic lesion in bladder mostly ureterocele with mild left hydroureteronephrosis. Foley's catheter was inserted and evacuated more than 900cc urine and patient underwent urgent ureterocele resection and DJ stent insertion under GA.

Conclusions: Ureterocele can present in such adult age in rare presentation like urine retention.

Keywords: Ureterocele; Urine Retention; Rare Presentation

Introduction

A ureterocele is a cystic out-pouching of the distal ureter into the urinary bladder. Ureteroceles are swellings at the bottom of one of the ureters and they may cause a diagnostic and therapeutic dilemma, with perplexing clinical symptoms resulting from a spectrum of abnormal embryogenesis associated with abnormal development of the intravesical ureter, the kidney, or the collecting system.

Ureteroceles may be classified according to their relationship with the renal unit or on distal ureteral configuration and location.

Epidemiology

The incidence of ureteroceles has been reported as 1 in 500 cases [1]. Ureteroceles occur five times more frequently in females than in males, and more commonly in White individuals than in other races [2]. Unilateral ureteroceles occur with similar incidence on the right and left, and in 10 percent of patients there is bilateral involvement.

Classification

The classification system of the Section on Urology of the American Academy of Pediatrics divides ureteroceles based on their location to intravesical or ectopic [3]. Sometimes, to differentiate between intravesical and ectopic ureteroceles may be difficult.

Presentation

Ureterocele presented with variable spectrum of symptoms, however urine retention in adult male patients was so rare to be seen by many experienced urologists and it is necessary to be documented.

Case Presentation

Male 38 Years old visited our clinic before one year with complaint of burning urination and left loin pain for 1 week, negative medical and surgical history apart from hyperlipidemia on Crestor 10 mg.

Urine for c/s & urine routine analysis were normal and Abdomen & pelvis ultrasound was normal, KUB and CT scan was inconclusive apart from mild left hydroureteronephrosis without presence of stones Figure 1.

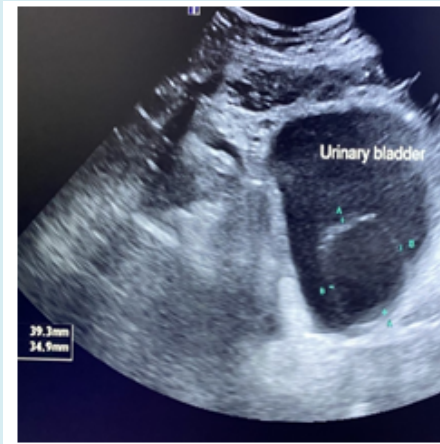


Figure 1: Preoperative ultrasound.

He was diagnosed as disorders of prostate and was given conservative treatment. However, he came to ER several times, till last visit when he presented with severe lower abdominal pain and urine retention.

Pre-operative ultrasound revealed retention and cystic lesion in bladder mostly ureterocele with mild left hydroureteronephrosis. Pre-operative labs (CBC was normal, Creatinine = 1.2, Uric acid = 6.5, Urinalysis normal) (Figure 2).

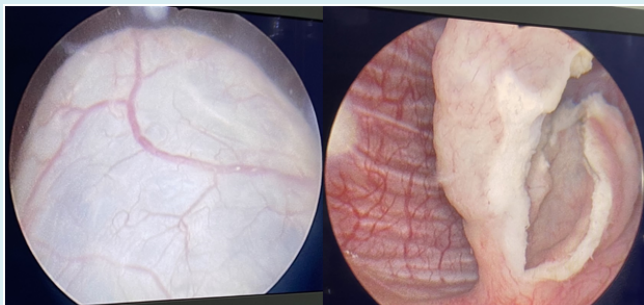


Figure 2: a: Before resection of ureterocele, b: After partial resection.

Management and Outcome

Urine retention due to obstructed ureterocele was relieved by foley's catheter inserted and evacuated more than 900cc urine and patient underwent urgent ureterocele resection and DJ stent insertion under general anesthesia (Figure 3).

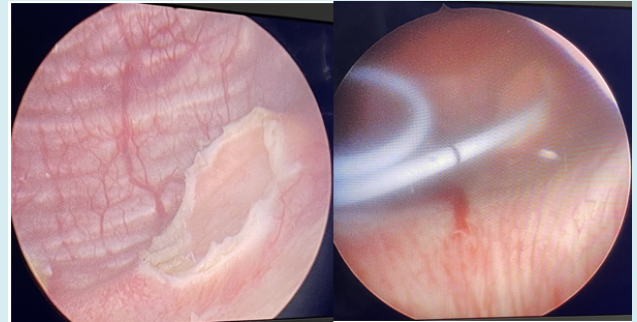


Figure 3: a: After complete resection, b: After insertion of DJ stent.

Discussion

Many ureteroceles are detected incidentally on antenatal ultrasonography [4]. Hydroureteronephrosis and bladder outlet obstruction are very common presentations of ureteroceles. This may lead to significant deterioration in kidney function [5]. The most common presentation after birth is during investigation for urinary tract infection (UTI) in the first year of life [6].

Obstruction of the bladder outlet is commonly caused by prolapse of the ureterocele into the urethra. A prolapsing ureterocele in a female patient may cause physical obstruction of the bladder neck. Anatomic obstruction of the bladder neck by the cystic ureterocele may cause obstructive voiding symptoms or may lead to acute urinary retention in both pediatric and adult patients [7].

A vulval mass caused by prolapse of the ureterocele is highly rare presentation. During per vaginal examination, a prolapsing cystic mass may be seen prolapsing from the meatus in both young and adult females. Bladder neck obstruction can even be caused by a large simple nonprolapsing intravesical ureterocele; it has been reported in an adult male [8].

Conclusions

Ureterocele can present in such adult age in rare presentation like urine retention.

Consent

No written consent has been obtained from the patient as there is no patient identifiable date included in this case report.

Conflicts of Interest

All authors have no conflict of interest related to the current manuscript.

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