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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/19570
DOI URL: http://dx.doi.org/10.21474/IJAR01/19570

RESEARCH ARTICLE

INTEGRATED CARE FOR URETEROCELE PROLAPSE

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Manuscript Info

Manuscript History
Received: 28 July 2024
Final Accepted: 30 August 2024
Published: September 2024

Abstract

Ureteroceles are rare congenital anomalies, occurring in about 1 in 4000 individuals, with a higher incidence in females, particularly those with a duplex renal system. The etiology and clinical presentation of ureteroceles vary, often complicating diagnosis and management. Common symptoms include antenatal hydronephrosis, vesicoureteral reflux (VUR), and recurrent urinary tract infections (UTIs). In cases of ectopic ureteroceles, there is a risk of significant complications, such as hypertension and renal failure, requiring timely and precise intervention. Diagnostic methods include sonography and voiding cystourethrography (VCUG), while management approaches range from minimally invasive endoscopic incisions to more complex excision and reimplantation procedures, depending on the severity. We report the case of a 1.5-month-old female infant, born via LSCS, presenting with fever and a rapidly enlarging reddish mass descending from the urethra. Initially the size of a peanut, it grew to the size of a lemon, accompanied by symptoms of straining during urination and defecation. While prenatal scans showed hydro-ureteronephrosis, postnatal imaging appeared normal until the mass emerged. Clinical suspicion of a ureterocele was confirmed through imaging studies. This case highlights the unpredictable nature of ureteroceles, emphasizing the importance of prenatal and postnatal screening. Treatment strategies must be individualized, considering the rapid progression of the condition. While endoscopic incision is favored for its minimally invasive approach, reconstructive surgery may be necessary if complications such as reflux or a duplex renal system are present. Early detection remains key to preventing long-term morbidity and improving outcomes in infants with ureteroceles.

Introduction:-

Ureteroceles, a rare congenital anomaly affecting about 1 in 4000 individuals, predominantly occur in females, particularly with a duplex renal system. The etiology and presentation vary, complicating diagnosis and management. Despite advancements, ureterocele treatment remains debated. Common symptoms include antenatal hydronephrosis, vesicoureteral reflux (VUR), and urinary tract infections (UTIs). In cases of ectopic ureteroceles, management challenges are significant, with the potential for complications like hypertension or end-stage renal disease. Diagnostic tools include sonography and voiding cystourethrography. While endoscopic incision is

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commonly favored for its minimally invasive nature, excision and reimplantation may be necessary for complex cases.

Case Report:
A 1.5-month-old female infant, second born via LSCS, was brought with fever and a reddish mass descending from the urethra, initially the size of a peanut, progressing to the size of a lemon. There were associated symptoms of straining during micturition and defecation.

Prenatal scans had shown hydro-ureteronephrosis, though postnatal scans appeared normal. Upon examination, a ureterocele was suspected.

Discussion:-

This case highlights the complex nature of ureteroceles in infants, emphasizing the role of both prenatal and postnatal screening. The ureterocele's rapid progression illustrates the unpredictable course of such anomalies. The mass, combined with the urinary and bowel symptoms, necessitates prompt imaging and intervention. Sonography and cystourethrography are crucial for diagnosis, with management tailored to the severity of the condition. Given the ureterocele's progression, an endoscopic incision may be appropriate, though reconstructive surgery might be needed if complications arise.

Conclusion:-

Ureteroceles present unique diagnostic and therapeutic challenges. Early detection, especially through antenatal and postnatal imaging, is key to preventing complications. This case underscores the need for a multidisciplinary, individualized approach in managing ureteroceles. Endoscopic techniques remain first-line, but surgical options should be considered for complex cases, especially when associated with reflux or duplex renal systems.

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