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Ectopic Ureter In Female – Urinary Continent!! A Rare Case Report

[1]Dr. Vipul Bakshi, [2]Dr Vikas Agarwal, [3]Dr Lokendra Yadav

[1, 3]Associate Consultant, Dept of Urology, Uro-Oncology and kidney transplant, Aakash Healthcare, Dwarka, New Delhi

[2]Director & HOD, Dept of Urology, Uro-Oncology and kidney transplant, Aakash Healthcare, Dwarka, New Delhi

***Corresponding Author:**
Dr. Vipul Bakshi
Associate Consultant, Dept of Urology, Uro-Oncology and kidney transplant, Aakash Healthcare, Dwarka, New Delhi

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Abstract

Background: Most of the ectopic ureter arises from the upper moiety of a duplex kidney. In females, the ectopic ureteric opening located anywhere from bladder neck to perineum with urethra, vagina, and vestibule. Normal urination together with continuous incontinence are pathognomic features for infrasphincteric ureteral openings.

Case Report: A 33-year-old patient who had two normal vaginal deliveries previously was referred to our clinic with complaints of intermittent right flank pain and no other urinary complaints

Discussion: In our patient urinary incontinence was never present. Similarly in men ectopic ureter generally opens into the posterior urethra, and these men remain continent. However, ectopic ureters opening into the genital tract can manifest symptoms as epididymitis, vesiculitis, prostatitis, bloody, and painful ejaculation. Ectopic ureteral opening is more often associated with single collecting system in men, and in women it is more frequently associated with double collecting system. But in our patient being a female, she had a single collecting system.

Conclusion: Ectopic ureter in female might not always present with urinary incontinence and duplex collecting system.

Keywords: Ectopic ureter, female, ureterocele, Continent

Introduction

Ectopic ureter opens into a region apart from its usual opening place on the trigone. Most of the ectopic ureter arises from the upper moiety of a duplex kidney. In females, the ectopic ureteric opening located anywhere from bladder neck to perineum with urethra, vagina, and vestibule. Normal urination together with continuous incontinence are pathognomic features for infrasphincteric ureteral openings. This report would like to present a rare case of ectopic ureter in female opening at the bladder neck with patient having no complaint of urinary incontinence.

Case Report

A 33-year-old patient who had two normal vaginal deliveries previously was referred to our clinic with complaints of intermittent right flank pain and no other urinary complaints. Urinalysis of the patient with normal. Biochemical, hematological, and urine culture results were normal. USG KUB was s/o right sided hydroureteronephrosis with low bilateral ureteric insertion with stenosis on right side with left ectopic kidney. Considering the above findings, MRI was done which was suggestive of right sided hydroureteronephrosis with torturous ureter till the lower end with abrupt narrowing in the region of

vesical opening which also appears low placed in the pelvis at the site of urethra- likely stenosis with ureterocele formation? Ectopic ureteral opening. Left sided ectopic kidney in pelvis.

The patient's approval was obtained for surgical intervention and then under general anesthesia while the patient in the lithotomy position, after sterile preparation of the surgical field a 17 Fr cystoscope was inserted through external urethral meatus. Pan-cystoscopy was done. Right ureteric orifice was identified at bladder neck at 7 o' clock position with small ureterocele over it. Left ureteric orifice could not be identified. Right ureteric orifice was cannulated with a 5 Fr ureteric catheter over a guide wire and Retrograde pyelogram was done and torturous ureter was noted. Guidewire and ureteric catheter was negotiated with difficulty upto the right renal pelvis. Resectoscope was inserted and incision of ureterocele was done with collin's knife. Under fluoroscopic guidance 6 Fr DJ stent was inserted.

Discussion

Ectopic ureter is defined as a ureteric orifice outside the posterolateral extremity of the bladder trigone. In 80–85% cases, the ectopic ureter is associated with a duplicated renal collecting system.1 Ectopic comprises a variety of ureteral insertion shifting from nearly normal to extravesical location which caused by any abnormality in common nephric duct apoptosis or site of ureteric bud origin. Distal insertion of the ectopic ureter may result if the ureteric bud arises more cephalad than normal position.

In females, the ectopic ureteric opening may be located anywhere from bladder neck to perineum with urethra (45%), vagina (35%), and vestibule (15%) being the common sites of entry. In most of the females, the ectopic ureter drains either distal to the urethral sphincter or into the reproductive tract resulting in continuous incontinence.

Diagnosis of suprasphincteric ureteral opening is made during investigations for the etiology of the recurrent urinary infections, however in cases with infrasphincteric ureteral opening, normal urination pattern together with continuous urinary incontinence is the most frequently seen symptom.2 Occasionally, although ureter opens into infrasphincteric region, incontinence does not manifest itself if it drains an excessively atrophic renal segment or in the presence of compression of lower third of the ureteral segment between muscles of the external sphincter till advanced age. However they become symptomatic at a late stage in conditions like childbirth which weakens external sphincter.

In our patient urinary incontinence was never present. Similarly in men ectopic ureter generally opens into the posterior urethra, and these men remain continent. However, ectopic ureters opening into the genital tract can manifest symptoms as epididymitis, vesiculitis, prostatitis, bloody, and painful ejaculation. Ectopic ureteral opening is more often associated with single collecting system in men, and in women it is more frequently associated with double collecting system. But in our patient being a female, she had a single collecting system.

Conclusion

Ectopic ureter in female might not always present with urinary incontinence and duplex collecting system.

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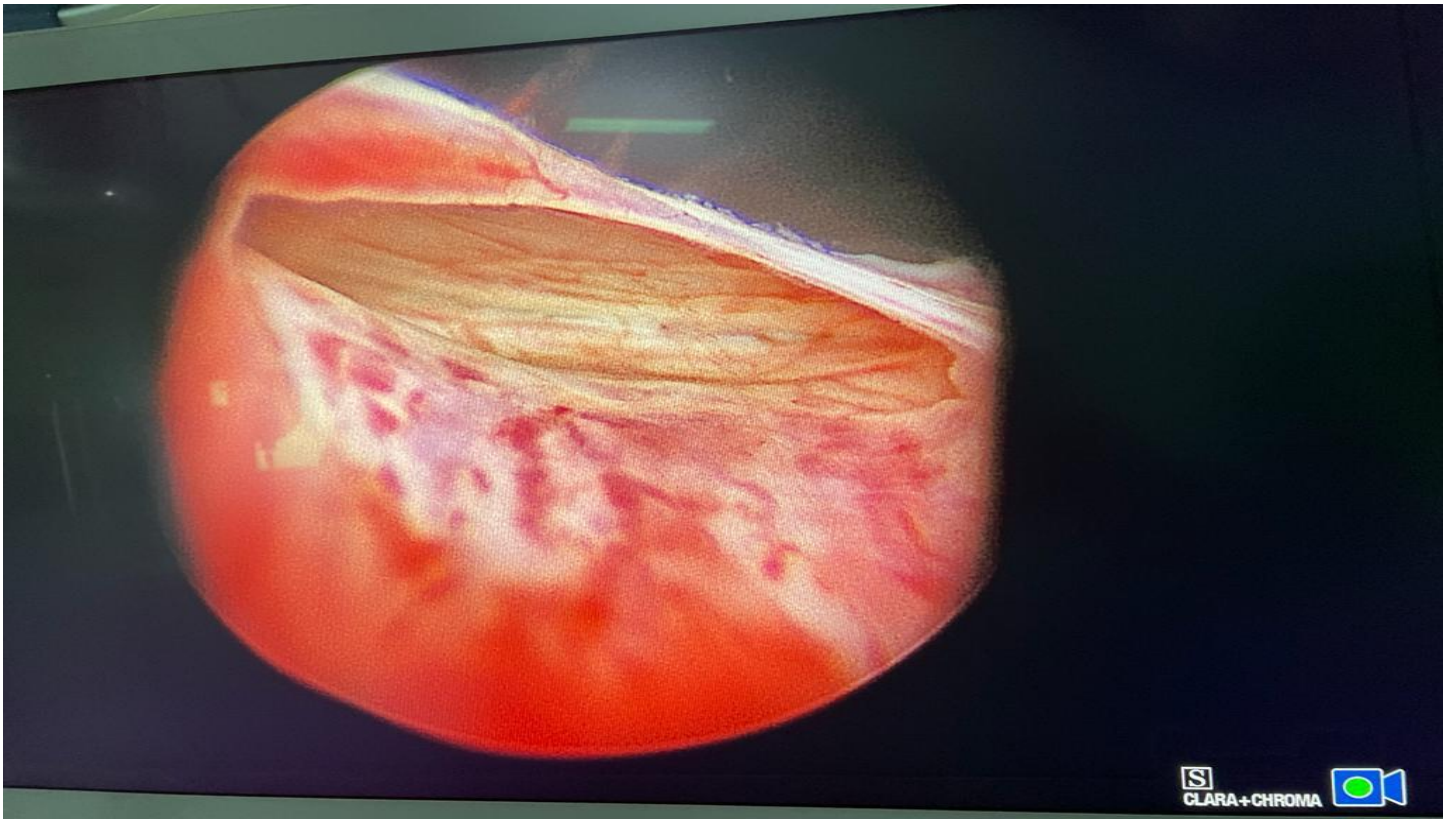

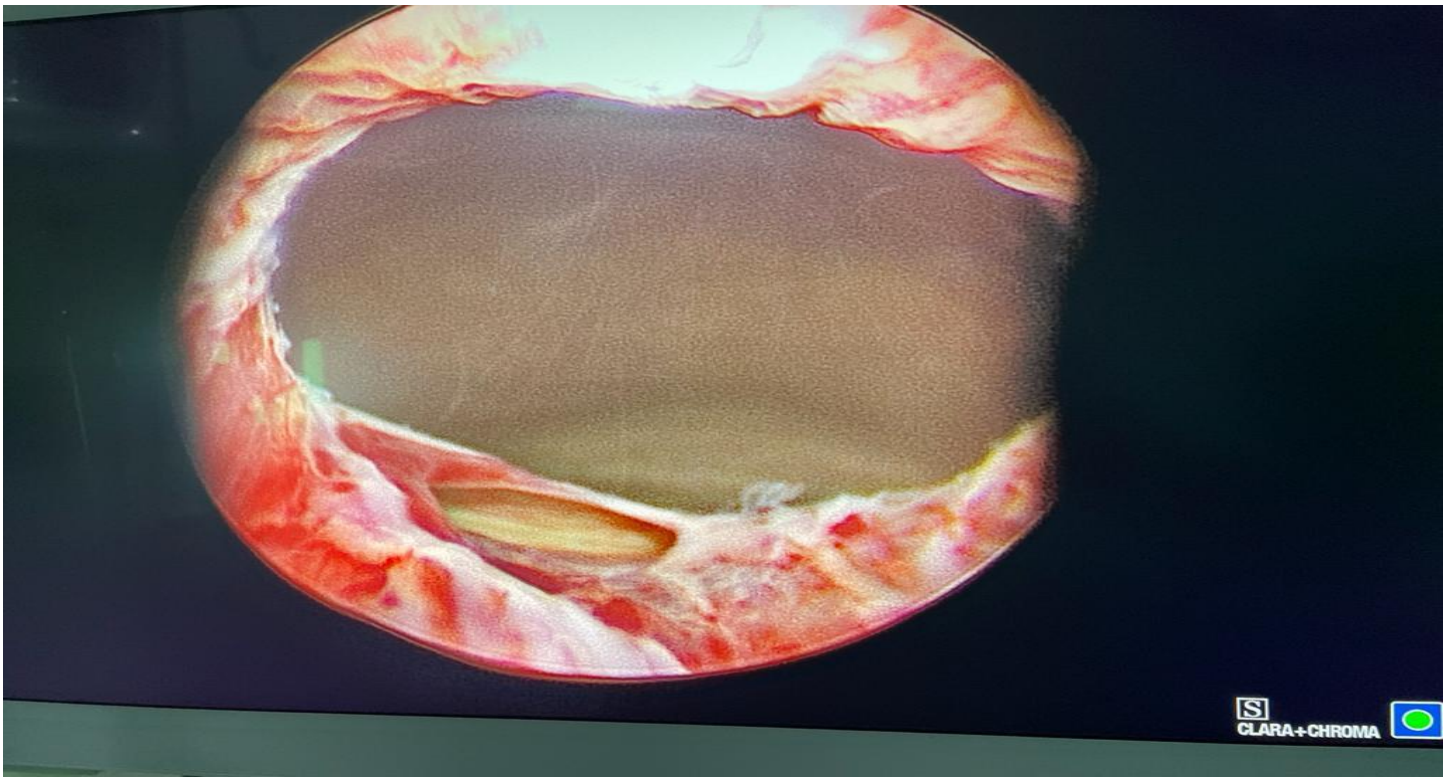

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