UroToday International Journal®

Idiopathic Benign Ureteric Stricture: A Rare Presentation

Raman Tanwar, Sudhir Kumar Jain

Submitted March 12, 2013 - Accepted for Publication April 1, 2013

ABSTRACT

We report a rare case of idiopathic ureteric stricture. Ureteric strictures usually occur following infective, ischemic malignant etiology or external compression with an incidence around 10% [1]. Idiopathic ureteric stricture is extremely rare.

INTRODUCTION

Ureteric strictures usually occur following infective, ischemic malignant etiology or external compression with an incidence around 10% [1]. Idiopathic ureteric stricture is extremely rare.

CASE REPORT

A 33-year-old woman presented with complaints of recurrent, acute onset colicky pain radiating from her left loin to her groin for the last 18 months, with no history of trauma, bowel complaints, or menstrual complaints. There was no history of tuberculosis, radiation exposure, previous urinary tract surgery, or instrumentation.

The examination and initial biochemical evaluation turned out to be normal. The ultrasound showed left mild hydronephrosis and hydroureter in the upper one-third of the ureter. An intravenous pyelography showed grade IV hydronephrosis, with dilatation of the left ureter up to the level of the fifth lumbar vertebrae without any visualization of the left ureter below the fifth lumbar vertebrae (Figure 1). A retrograde pyelogram (RGP) revealed features of near total stricture approximately 1 cm in length starting below the fifth lumbar vertebrae with proximal dilatation and hydronephrosis.

A provisional diagnosis of left ureteric stricture was made, and computed tomography (CT) revealed a left ureteric stricture starting at the level of the fifth lumbar vertebrae, with no evidence of intraluminal thickening or soft tissue mass or calculus (Figure 2). The patient was taken for open surgery where a 2-cm long left mid-ureteral stricture was found, which was excised, and continuity of the ureter was restored by end-to-end ureteral anastomosis after speculating the ends of the divided ureter. There was no evidence of retroperitoneal fibrosis. A biopsy of the excised ureter revealed a benign stricture with extensive fibrosis and no evidence of malignancy, chronic inflammation, or tuberculosis. The patient had an uneventful postoperative course. The patient was followed regularly for 3 years, with yearly intravenous urography. The patient remained well after 3 years of follow-up. There were no symptoms, and an intravenous urography did not show any evidence of stricture.

An extensive review of the literature revealed only 4 cases of idiopathic ureteric fibrosis leading to stricture formation [1-4]. All patients were treated with surgery. The present case probably represents the fifth case of idiopathic ureteric stricture.

The diagnosis is usually made by CT urography. Retrograde pyelography should be performed in these cases to know the degree of narrowing. In the case of complete obstruction, a resection of the structured segment with restoration of continuity should be performed and is usually adequate, without the need for any other medical therapy.

KEYWORDS: Idiopathic ureteric fibrosis, stricture, ureteric stricture

CORRESPONDENCE: Raman Tanwar, MS, Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi, Delhi, India (dr.ramantanwar@gmail.com)

CITATION: *UroToday Int J*. 2013 June;6(3):art 29. http://dx.doi.org/10.3834/uij.1944-5784.2013.06.03

Figure 1. Intravenous pyelography showing the stricture segment.

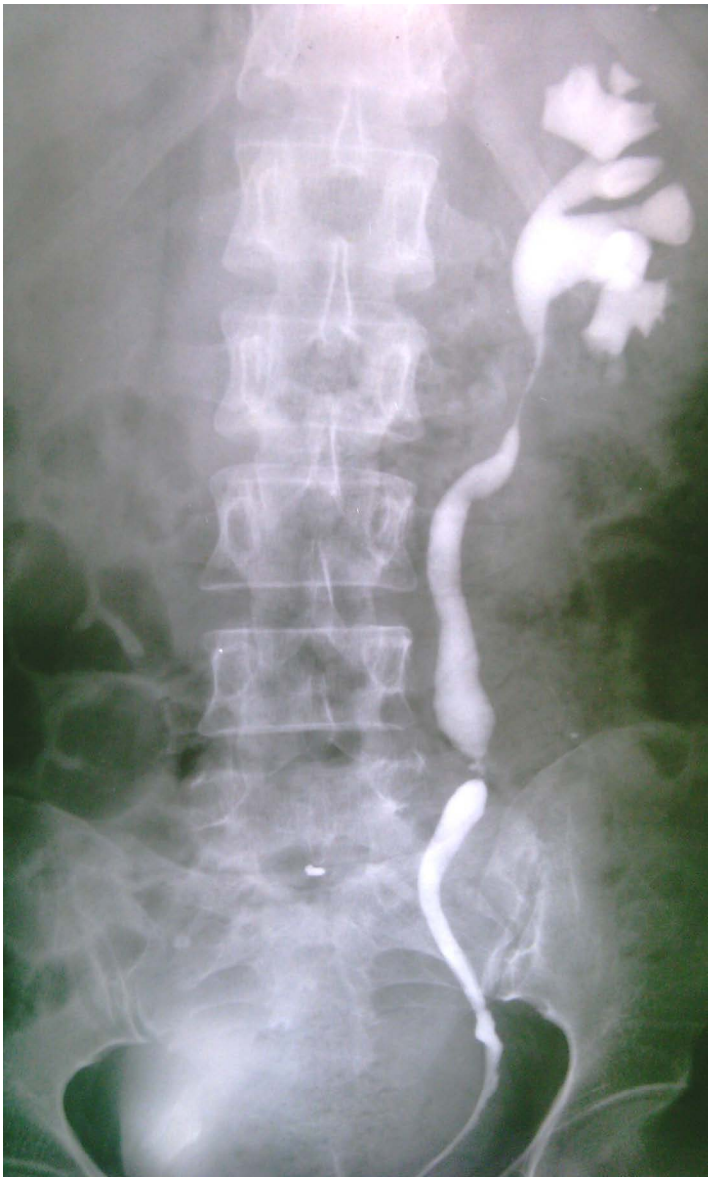
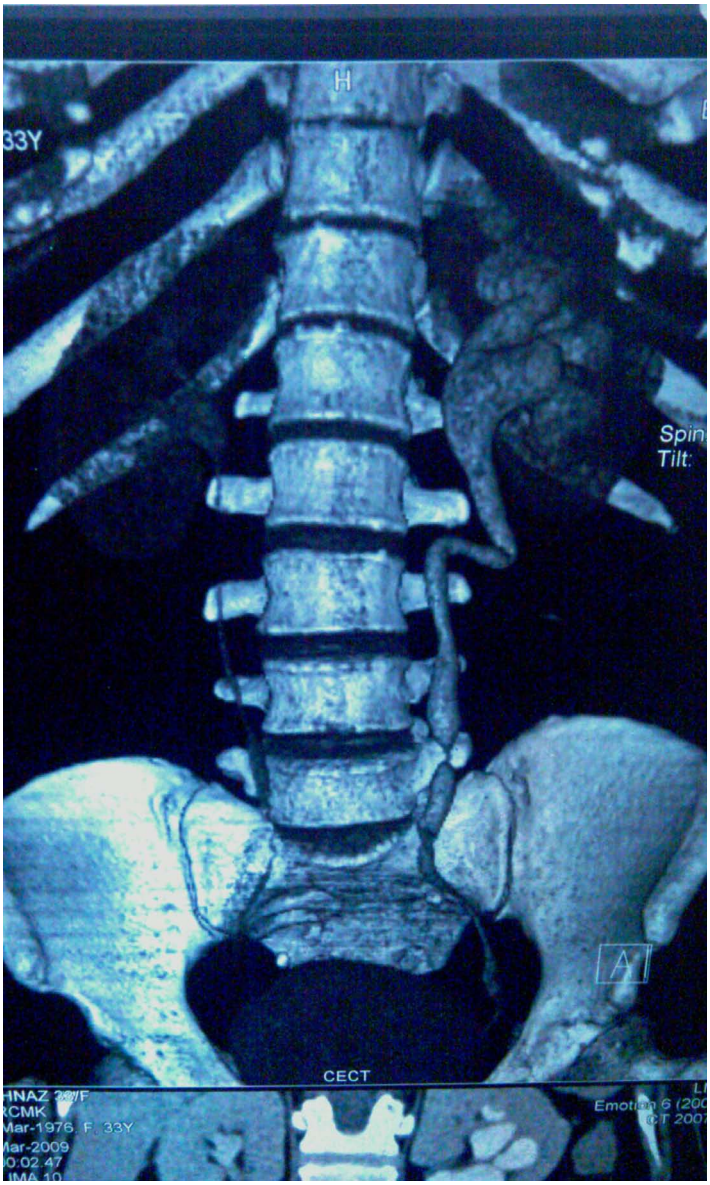


Figure 2. Left ureteric stricture starting at the level of the fifth lumbar vertabrae.



REFERENCES

1. Pugh, W. S. (1925). "Stricture of the Ureter." *Ann Surg* 81(4): 839-850. PubMed | CrossRef

2. Bhatta Dhar, N., K. W. Angermeier, et al. (2004). "Idiopathic ureteral strictures without evidence of malignancy." *Urology* 64(2): 377-378. PubMed | CrossRef

3. de Diego Rodriguez, E., A. Hernadez Castrillo, et al. (2007). "[Idiopathic progressive bilateral ureteral stenosis]." *Arch Esp Urol* 60(2): 201-205. PubMed

4. Namiki, M., E. Koh, et al. (1987). "Bilateral ureteral stricture due to ureteral fibrosis. Case report." *Urol Int* 42(3): 231-233. PubMed | CrossRef