

Kidney triplication with ectopic ureterocele: a case report

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Abstract:

Kidney triplication is an uncommon urological variation from the norm. Relationship of triplex kidney and ureterocele is out of standard. Treatment of such patients as a rule infers heminephroureterectomy of the upper moiety. We report an instance of a spared capacity of the upper moiety after negligible intrusive careful procedure. 5-year old young lady grumbled for persistent wetting. Assessment uncovered 3 - portioned left kidney with pelvi-ureteric widening of the upper moiety, IV grade vesicoureteral reflux in the upper moiety, cervical ectopic ureteral hole of the upper moiety and a cooperative ureteral hole of the lower sections.

An endoscopic laser analyzation of ureterocele was performed. Seepage of the upper moiety of triplex kidney was reestablished. Assessment 18 months later indicated no wetting and disease side effects. Pelvi-ureteric expansion of the upper moiety and hole of ureterocele diminished to insignificant. Evaluation of vesicoureteral reflux diminished to I. Grade of vesicoureteral reflux diminished to I. End: Minimal intrusive disposal of check of the upper moiety of triplex kidney was

effective and prompted relapse of vesicoureteral reflux, urinary incontinence and let to dodge heminephrectomy.

An instance of ectopic ureterocele is accounted for. A 2-year-old young lady was conceded for repetitive scene of urinary tract contamination related with fever. IVP indicated reciprocal duplex kidney, albeit no discharge of color was noted from the correct upper kidney. IVP likewise uncovered a huge filling imperfection at the bladder neck which was analyzed as ureterocele by cystoscopy. Cystography exhibited VUR to the correct lower kidney. A total duplication of ureter with ectopic ureterocele on the right, and fragmented duplication of ureter on the left were found at activity. She experienced total expulsion of the ectopic ureterocele and reimplantation of the correct two ureters. Her postoperative course was uneventful, post-usable IVP uncovered improvement of pyelography of the correct lower kidney and cystography uncovered no VUR.

The twelfth instance of reciprocal ectopic ureteroceles in Japan is accounted for. A two-month-old young lady was alluded to our facility in view of urinary tract disease.

Two huge intravesical cystic injuries conveying to the enlarged upper urinary tracts, which were perfect with reciprocal ectopic ureterocele were identified. Histological discoveries of the upper moieties of the duplex kidney demonstrated dysplasia on the left side, and youthfulness on the correct side.

Left heminephrectomy was performed, and a pyeloureterostomy was applied on the correct side after arrangement of nephrostomy for a half year. The ureterocele crumbled agreeably to void easily. The patient experiences not been in difficulty for over thirty months postoperatively. Signs for safeguarding of the upper section and ureterocelelectomy in little babies are examined.

Relating Author:

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