

SINGLE ECTOPIC URETER

CLINICAL CASE 1

- 4 years old female
- normal urination + persistent incontinence after toilet training

US



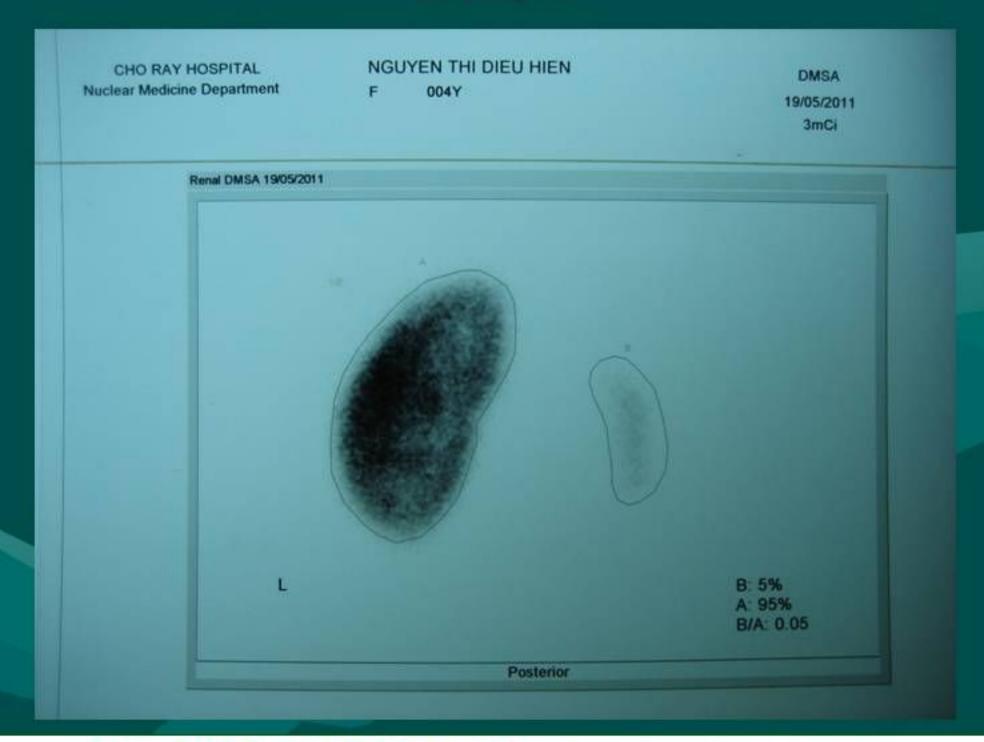
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IVP



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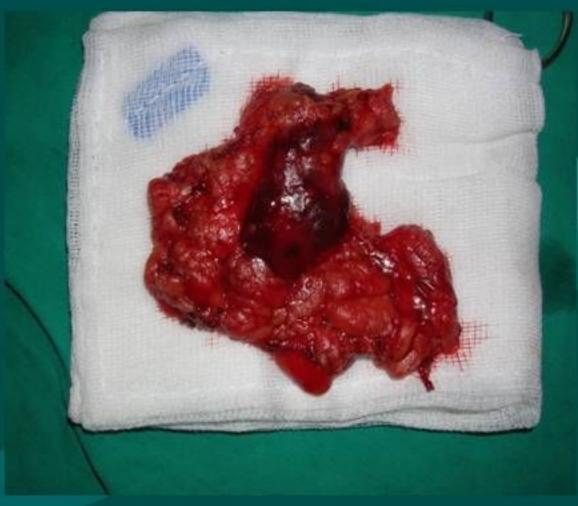
DMSA



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NEPHRECTOMY





NEPHRECTOMY





CLINICAL CASE 2

- 5 years old female
- normal urination + persistent incontinence after toilet training

US

Right- single kidney



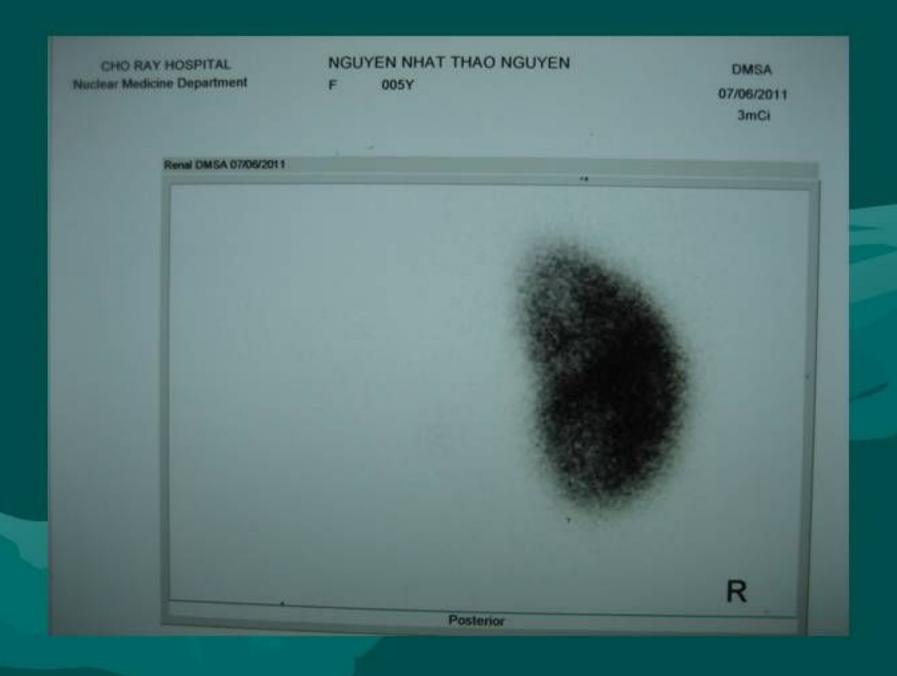
IVP





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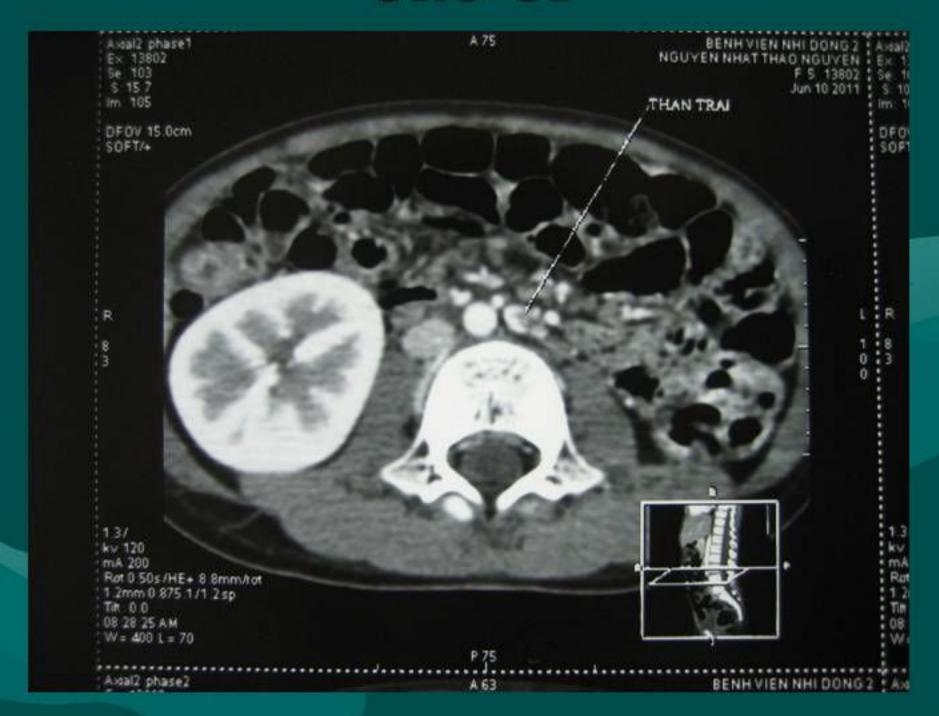
VAGINOGRAPHY



URO-CT



URO-CT



NEPHRECTOMY





NEPHRECTOMY





SINGLE ECTOPIC URETER

- Ureteral ectopia
 - Female=6
 - Ectopic orifice insertion: bladder neck to meatal orifice, genital organ.
 - 80% from upper pole of duplex kidney
 - 20% from solitary kidney
 - Kidney with ureteral ectopia is usually a small, abnormal structure, poorly or non functionning
 - Difficult to diagnose with usual imaging methods.



NO ADDITIONAL STUDY NEEDED.

RENAL UNIT SEEN: SURGERY INDICATED.



NO LEFT KIDNEY ON DMSA, VAGINOGRAPHY REVEALS LEFT VAGINAL ECTOPIC URETER.



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DYSPLASTIC KIDNEY WITH NO FUNCTION. NOT IDENTIFIED WITH US, DMSA RENAL SCAN NO UPTAKE

- ULTRASOUND DETECTS DYSPLASTIC KIDNEY WITH DILATED URETER.
- Tc 99m-DMSA RENAL SCAN DETECTS POOR FUNCTIONNING KIDNEY.
- BUT SOME KIDNEYS HAVE NO UPTAKE AND CANNOT BE IDENTIFIED
- VAGINAL ENDOSCOPY NEEDS ANESTHESIA AND IS UNRELIABLE
 - 67% (Mandell: J.Urol 1981; 126: 219-222)
 - 1/6 cases even repeating procedure (Patteras: J.Urol 1999; 162: 821-825)

CONCLUSIONS

- FEMALE PATIENTS WITH PERSISTENT URINARY INCONTINENCE DESPITE NORMAL VOIDING HABITS NEED:
 - US, IVP
 - DMSA RENAL SCAN.
 - IF RENAL UNIT NOT IDENTIFIED, THEN
- CONTRAST VAGINOGRAPHY
 - SIMPLE
 - NON-INVASIVE
 - AVAILABLE ANYWHERE
- URO-CT

VIDEO



VIDEO





INTRUMENTS

