

Unusual Cause of Ureteric Obstruction – A case report

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Aruna 42, Hindu female, presented for recurrent attacks of left ureteric colic for last nine months. She was operated upon for total abdominal hysterectomy about 10 months ago in some nursing home.

On examination, she was found to be of average built and was well nourished. Her abdomen was soft. The liver, spleen and kidneys were not palpable. No lump was palpable. There was tenderness in the left iliac fossa.

Routine blood and urine investigations were found to be normal (no R.B.Cs were seen in the urine). Plain X-ray K.U.B. was normal but I.V.P. revealed hydronephrosis and hydroureter along with the ureteric obstruction on the left side just before its entrance into the bladder. Ureteric catheterization was tried but it could be negotiated only up to one cm. The patient was operated upon thinking it to be a case of radiolucent ureteric calculus at the lower end of left ureter.

On exploration, through a left lower paramedian incision, the lower end of the ureter was found to be surrounded by an area of induration. On opening the lumen, organised blood clot was found in it. Even after

its clearance, the ureteric catheter could not be negotiated through it satisfactorily. So, the ureter above the site of obstruction was divided and implanted into the dome of the urinary bladder with ligation of the divided lower portion.

Post operative period was uneventful except for the leakage of urine from the wound, which started on 8th post-operative day and remained for about a week. There was mild post-operative wound infection too.

Looking to the previous hysterectomy, lumen of ureter containing organized blood clot, non-calibration of the ureter even after removal of clot suggesting ureteral stricture and surrounding area of induration, all pointed towards the ureter getting caught in the haemostat during hysterectomy resulting into some bleeding and leading to stricture formation due to endothelial damage.