

## Deep Infiltrating Ureteral Endometriosis with Hydroureteronephrosis: A Case Report

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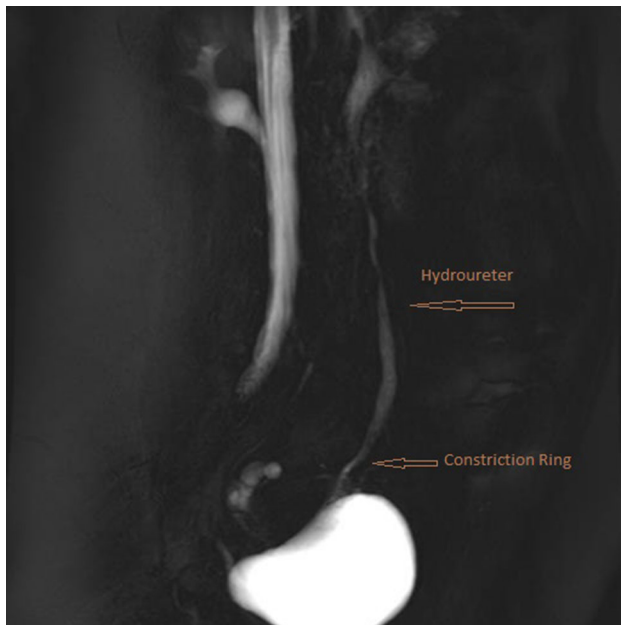
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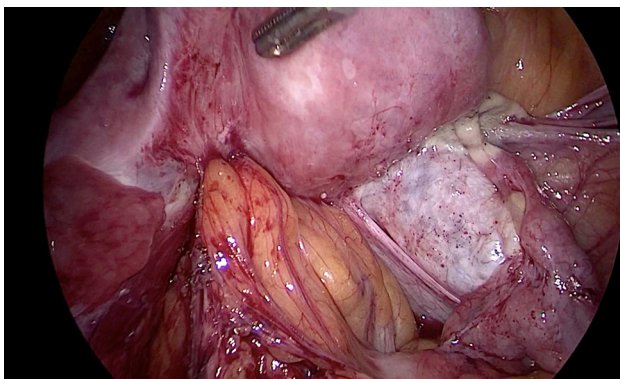
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Ureteral endometriosis is asymptomatic in as many as 50% of patients. Because of nonspecific symptoms and nonspecific imaging findings, incorrect diagnosis of ureteral endometriosis can lead to obstructive uropathy and renal damage.

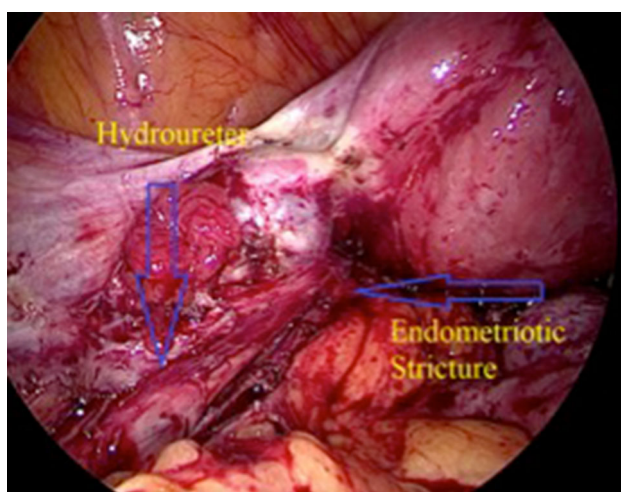
A 32 year P<sub>2</sub>L<sub>2</sub> woman with history of left flank pain. Despite several evaluations by physicians, including gynaecologists, the cause of her symptoms was not diagnosed. Left ureteral endometriosis was suspected (Fig. 1). Laparoscopic distal ureterectomy with neocystostomy (Figs. 2, 3, 4) and double-J ureteral stent insertion were performed and the same removed after 3 months. Surgery is necessary in patients with ureteral endometriosis who have persistent symptoms and/or hydroureteronephrosis or impaired renal function. The main goals of surgery are preservation of renal function, relief of obstruction, and prevention of recurrence.



**Fig. 1** MRI pelvis: left hydroureter with constriction



**Fig. 2** Dense adhesive fibrotic bands around left distal ureter



**Fig. 3** Narrowing of the distal left ureter with hydroureter



**Fig. 4** Ureter bisected above the level of obstruction and ureteroneocystostomy done

Therefore, physicians should suspect ureteral endometriosis in reproductive-age women with unilateral or bilateral distal ureteral obstruction and/or hydroureteronephrosis in the absence of urolithiasis. A high index of suspicion and the use of imaging modalities enable earlier diagnosis and preservation of renal function.

#### Compliance with Ethical Standards

**Conflict of interest** Meenakshi Sundaram, Rachita Munjal and Juhul Patel declare that they have no conflict of interest.

**Informed Consent** Informed consent was obtained from the participant in this study.

**Financial disclosure** None declared.