A Diagnostic Dilemma Identifies a Rare Case of a Prolapsed Ureterocele in Pregnancy

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A 37-year-old woman at 30 weeks’ gestation presented to the emergency department by ambulance because of vaginal bleeding, urinary retention, mild left flank pain, and a tender mass that had developed at her vaginal introitus that day. She had a significant background of a left-sided 3 cm ureterocele diagnosed on prenatal imaging, but was otherwise medically well.

Examination identified a large, tender, blue-tinged cystic mass protruding from the vaginal introitus (Figure 1), which was initially thought to represent amniotic membranes. Obstetric review was undertaken; however, on speculum examination, the cervix remained closed with no evidence of vaginal bleeding. An indwelling catheter was inserted because of urinary retention with persistence of urine soaking her pad following insertion, despite appropriate placement. Blood tests demonstrated normal biochemistry and inflammatory markers. Urine microscopy and culture was negative for micro-organisms.

Following discussion with the urology service, provisional diagnosis of a prolapsed ureterocele was made, and endoscopic management was decided, given symptomatic retention. The patient was provided a spinal anaesthetic and placed into lithotomy and lateral wedge position. Flexible cystoscopy was performed before and after reduction of the mass to ascertain anatomical features (Figure 2). On manual reduction of the mass and rigid cystoscopy, a large cystic structure was protruding from the expected site of the left ureteric orifice, consistent with an inflamed ureterocele. Endoscopic resection of the ureterocele was undertaken to reveal a single open ureteric orifice. Histopathology identified the expected result of a ureterocele.

Postoperatively, the patient was monitored overnight prior to discharge home the following day, with outpatient urology follow-up planned.

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FIGURE 1. Prolapsed ureterocele at vaginal introitus

FIGURE 2. Flexible cystoscopy with retroflexed view of ureterocele