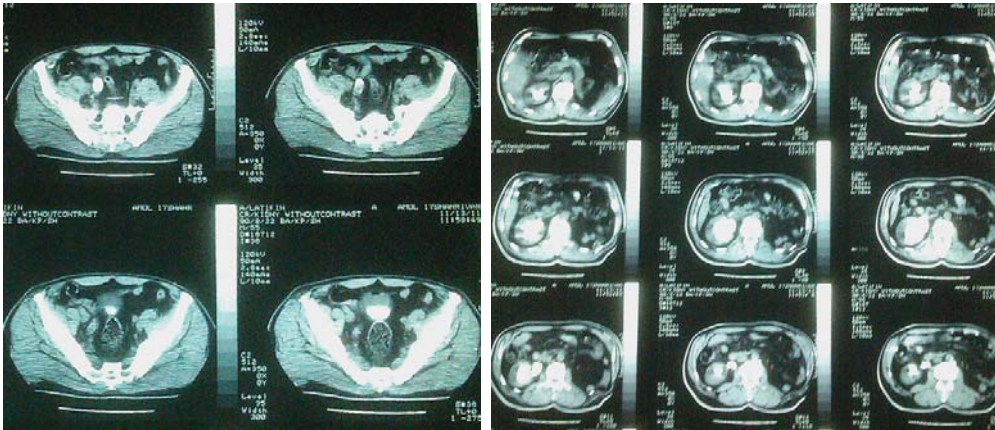


Urothelial Carcinoma of the Ureter in a Patient with Functional Single Kidney

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Figures 1 and 2. Computed tomography scan without contrast injection revealed hydronephrosis in the right side.



Figure 3. Retrograde pyelography revealed filling defect in the distal part of the ureter.

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CASE PRESENTATION

A 56-year-old man with a past history of left radical nephrectomy for clear cell carcinoma 5 years earlier, presented with a non-specific right flank pain since 3 months ago without any other accompanying symptoms.

Physical examination was normal. The results of routine lab tests, including complete blood count and serum biochemistry, were within normal limits, except a serum creatinine level of 1.9 mg/dL.

Ultrasonography revealed right hydronephrosis, which was confirmed with abdominopelvic computed tomography scan without intravenous contrast injection (Figures 1 and 2). Retrograde pyelography revealed a filling defect in the distal part of the ureter (Figure 3).

On cystoureteroscopy, a vegetative space occupying lesion was seen in the distal segment of the ureter, 4 cm above the right ureteral orifice, measuring 3 cm. A selective right-side urine sample was obtained for cytology; and then cold cup biopsy was taken from the lesion.

The result for cytology was positive for atypical cell, and pathologic examination showed low-grade transitional cell carcinoma.

QUIZ

According to the scenario, which procedure is justified for management of the patient?

The answers will be discussed in the next issue of Urology Journal.