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Editorial comment on: “Ureteritis cystica: A rare benign lesion”



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This is an interesting rare case of filling defects in the ureter of a Sudanese lady, proved to be due to ureteritis cystica. The correct diagnosis was made by the finding of filling defects in the ureter on CT urography and MRU films and at ureteroscopy and biopsy. Naturally as clinicians, we think of neoplasms first in such cases. With the advent of powerful endoscopes such lesions can be visualized and biopsies taken thus helping to establish the correct diagnosis. I wish to add that whereas cystitis cystica is a frequent finding during cystoscopy, ureteritis cystica is by far not a very common finding at ureteroscopy.

A PUBMED search indicated that about 200 cases of ureteritis cystica have been reported in the literature [1]. Most of the cases reported have been in Caucasians. However, ureteritis cystica has also been found in association with genito-urinary (GU) schistosomiasis [2]. When seen in patients with GU schistosomiasis, ureteritis

cystica tends to involve the lower third of the ureter [2], whereas when seen in other conditions it tends to affect the renal pelvis or the upper third of the ureter [1,3]. The Sudanese woman in this case report, has florid ureteritis cystica throughout the length of the right ureter. It is instructive to note that she also has a calculus in the right renal pelvis and presented with recurrent UTI. These are most likely the etiological factors in this patient.

References

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