

CASE REPORT

FIBROUS POLYP OF THE MIDDLE THIRD OF THE URETER

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KEY WORDS: fibrous polyp, ureter

ABSTRACT

Transitional cell carcinoma is one of the most frequently occurring ureteral tumors, while fibroepithelial polyps of the ureter are benign mesodermal tumors which can be managed conservatively. We report on a case of fibroepithelial polyp of the middle ureter in a 65-year-old man presenting with right loin pain associated with intermittent gross haematuria. IVP revealed an irregular filling defect in the middle part of the right ureter. Rigid ureteroscopy was performed suspecting the diagnosis of malignant ureteral tumors. The patient underwent a right nephroureterectomy. Histopathology, however, revealed a fibrous polyp. The development of new radiological examination methods and the miniaturization of ureteroscopes will facilitate the diagnosis and avoid unnecessary nephroureterectomies in future.

INTRODUCTION

Transitional cell carcinoma represents one of the most frequently occurring ureteral tumors, while fibrous polyps of the ureter are rare benign mesodermal lesions occurring mostly in the proximal part of the ureter. A new case of fibrous polyp of the middle part of the ureter in a 65-year-old man presenting to our department led us to review the literature published about this pathology. The clinical presentation, radiological findings and treatment are discussed.

CASE REPORT

A 65-year-old man, known as a heavy smoker, presented with a 5 months' history of intermittent right loin pain associated with gross haematuria and loss of weight (6 kg during 5 months).

Physical examination was unremarkable. Urine culture isolated an *Escherichia coli*. An

excretory urogram (IVP) revealed an elongated smooth filling defect with "tigroid" appearance in the middle third of the right ureter and a good renal function (Fig.1).

Ureteroscopy revealed a mass suspected to be a grossly malignant ureteral tumor. Due to the diagnosis of a possible ureteral transitional cell carcinoma, nephroureterectomy was performed. When the ureter was opened, a polypoid lesion was found appearing like a "bunch of grapes" and measuring 5 cm in length. It was attached by a small pedicle. Histopathological examination revealed a fibrous polyp of the ureter covered by benign transitional epithelium with a fibrous axis (Fig. 2). Convalescence was uneventful.

DISCUSSION

Primary tumours of the ureter are usually malignant and of transitional origin, rarely of epidermal origin. In contrast, benign lesions are extremely rare. Fibrous polyps account for

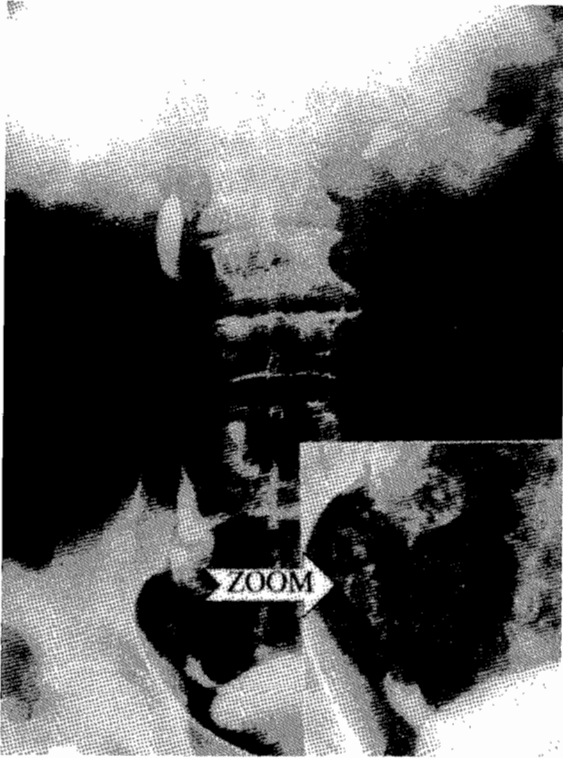


Fig. 1: IVP showing a smooth filling defect in the middle third of the right ureter with "tigroid" appearance.

about ¼ of them¹ and have been reported in patients of all ages^{1,2}.

There is no difference in incidence between sexes². The aetiopathogenesis of this lesion has not been well established, however, fibrous polyps are frequently associated with urinary infection or chronic irritation of the ureteral wall^{2,3}. Some authors also suggest a congenital origin since polyps may be encountered during childhood³. The most common location is the proximal third of the ureter; they may rarely be found at the distal third and very exceptionally at the middle third, like in our case^{2,4}.

The clinical symptoms are not specific; they include loin pain and / or gross hematuria².

On IVP and retrograde pyelography polyps appear like smoothly bound filling defects in the ureter with "tigroid" or "tapering" appearance².

To avoid unnecessary radical nephroureterectomy, ureteroscopy with biopsy is recommended especially when a malignancy is not yet strongly suspected⁴.



Fig. 2: Micrograph showing that the polyp is covered by benign transitional epithelium (HE x 200)

Many techniques have been described for the management of fibroepithelial polyps and may be divided into two types of procedures:

The first type of procedure is surgical. It consists either of a local ureteral resection carrying the lesion which is more commonly performed or in a local resection of the polyp through a ureterotomy^{1,2,3}. Nephroureterectomy is done when there is a non-functioning kidney associated with a polyp¹.

The second type of procedure is endoscopic treatment and should be the preferred method. It consists in electroresection of the base of the polyp using a (7,5 – 9,5) Fr rigid ureteroscope^{4,5}. The use of neodymium : YAG laser has also been reported in the ureteroscopic treatment of such polyps⁵.

REFERENCES

1. Parker DJ (1968): A fibrous polyp of the ureter in childhood. *Br J Urol*, 40:418.
2. Zungri E, Algaba F, Santaularia JM, Cos JM and Ssole-Balcells FJ (1981): Fibrous polyp of the ureter. *Eur Urol*, 7:215.
3. Vandendris M (1979): Fibrous polyp of the ureter. *Br J Urol*, 5:233.
4. Kawachi Y, Noto K, Sakamoto Y, Arai T and Tanaka M (1996): A ureteric polyp resected by ureteroscopy. *Br J Urol*, 78:312.
5. Sharma NK, Stephenson RN and Tolley DA (1996): Endoscopic management of fibroepithelial polyps in the ureter. *Br J Urol*, 78:131.