Hydronephrosis due to Fibroepithelial Ureteral Polyp in a Child

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Primary benign ureteral tumors are rare. These tumors arise from the mesodermal tissues of the ureteral wall and include fibromas, leiomyomas, granulomas, neurofibromas, hemangiomas, endometriosis and fibroepithelial polyps [1]. We present a case with hydronephrosis due to an obstructive fibroepithelial polyp in a girl. A review of the literature revealed 36 cases of such lesions in children.

Case Report

A 5-year-old girl was admitted to hospital complaining of intermittent left abdominal and flank pain for 5 months. There was no history of dysuria or hematuria. On physical examination there was some left flank tenderness without any palpable mass. Findings of urinalysis were normal and urine culture showed no growth. A sono-gram revealed left hydronephrosis. An intravenous urogram showed left upper ureteral obstruction with hydronephrosis (fig. 1). The obstruction was further confirmed by left retrograde pyelography (fig. 2), yet no filling defect had been shown. Exploration revealed a solitary round ureteral polyp, 0.7 cm in diameter, with smooth surface and short thin pedicle, located at the proximal ureter (fig. 3). A dismembered ureteropyeloplasty was performed, excising the area of...
Discussion

Patients with fibroepithelial polyps usually present with hematuria or flank pain from obstructive hydronephrosis [2]. When an ureteral filling defect is detected, the exact nature of the lesion must be determined preoperatively in order to avoid performing radical surgery for a benign lesion. As long as the nature of the lesion is not clear, frozen sections during operations are necessary to verify a malignant lesion which justifies radical surgery. Debruyne et al. [3] reviewed 112 cases of fibroepithelial polyps and found that 37% of these patients underwent an

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unnecessary nephroureterectomy, whereas the 63% that underwent local resection did well without any evidence of recurrence. Fibroepithelial polyps of the ureter are more commonly found in boys (80.6%), especially on the left side (69.4%) and often rise in the proximal ureter or renal pelvis [4]. In some cases, such as ours, radiographic signs are those of a nontypical ureteropelvic junction obstruction and the true nature of the obstruction might only be revealed during operation. Local excision with or without segmental resection is the appropriate treatment. Prognosis should be considered as excellent without a report of recurrence.

References