

Photo Quiz

J Ped. Nephrology 2015;3(4):178-179
<http://journals.sbmu.ac.ir/jpn>

A 3 year-old Female with Palpable Mass in Vulva

A 3.5 year old female with recurrent urinary tract infections from 6 month ago has been treated with oral antibiotics for a long time. She was admitted in nephrology ward for more evaluations. In physical examination a palpable mass was presented at the vulva (Figure 1). Kidney ultrasound showed normal left kidney (LK=81*33 mm) and elongated, duplicated and hydronephrotic right kidney. The patient underwent intravenous pyelography (IVP), DMSA scintigraphy and voiding cystoureterography (VCUG).

What is your diagnosis?

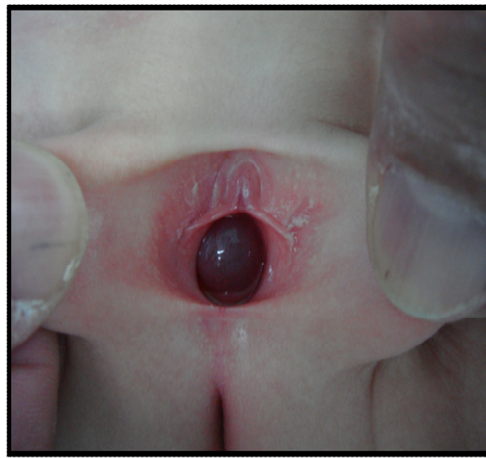


Figure 1. Loin mass at the vulva

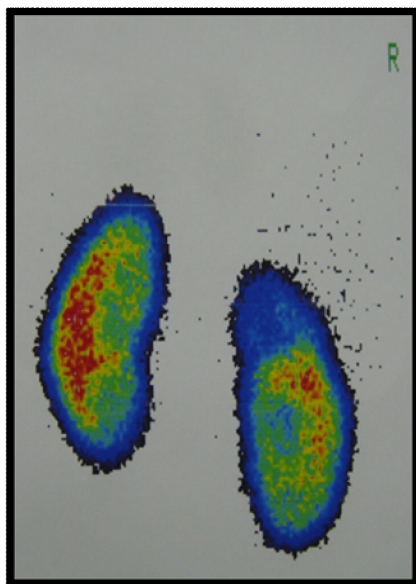


Figure 2. DMSA scan of the patient



Figure 3. IVP of the patient

Photo Quiz Answer

A 3 year-old Female with Palpable Mass in Vulva

Leily Mohajerzadeh*

Pediatric Surgery research center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

How to Cite This Article: Mohajerzadeh L. A 3 year-old Female with Palpable Mass in Vulva. J Ped. Nephrology 2015;3(4):178-179.

*Corresponding Author

Leily Mohajerzadeh

Mofid Children's Hospital, Shariati Ave. Tehran-Iran.

Tel: +982122227033

Email: mohajerzadehl@yahoo.com

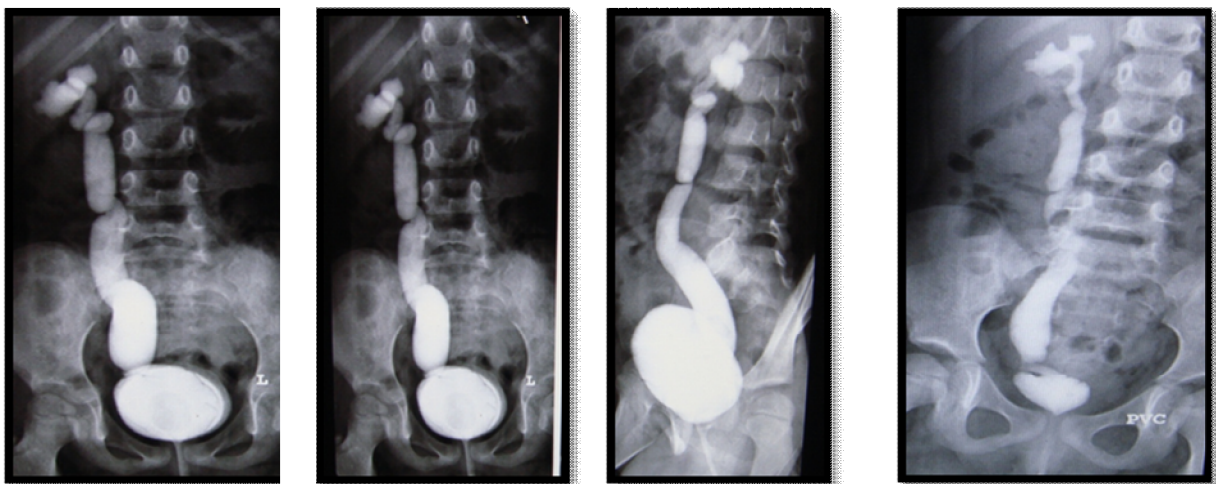


Figure 4. a: VCUG of the patient

b: Post voiding graphy

DMSA scintigraphy revealed global decreased cortical function, dilated system and cortical irregularity in right kidney (Figure 2).

Intravenous pyelography reported complete duplicated system of right kidney with hydronephrosis of upper pole (Figure 3). Voiding Cystourethrography showed right duplicated refluxing ureter with ureterocele (Figure 4: a and b).

Ureterocele is a cystic dilatation of the lower end of the ureter where it joins the epithelium of the lower urinary tract which is the most common cause of urethral obstruction in girls. Female to male ratio is 4-7. Ureterocele can occur in otherwise normal single-system ureters or in duplex-system ureters. Vesicoureteral reflux (VUR) is more commonly observed into the lower than the upper pole ureter. The renal units associated with ureterocele are usually nonfunctioning due to ectopic origin [1]. Symptomatic cases should treat with antibiotic prophylaxis and surgical intervention if medical treatments fail. Method of intervention is determined by size and location of ureterocele and function of the kidneys [2].

References

1. Ramanath Subramaniam. Ureteral Duplication Ureterocele. In: Coran AG, Adzic NS, Krummel TM, Laberge JM, Shamberger RC, Caldamone AA. Text book of pediatric surgery. 7th edition Elsevier, Saunders 2012 P:1441-60.
2. Erica J Traxel, Douglas EC. Ureteral obstruction and malformations. In: Holcomb GW C, Murphy PK. Ashcraft's Pediatric Surgery. 6th ed. Philadelphia, Saunders 2014 P:859-79.