

CASE REPORT

Non Hodgkin lymphoma of the ureter: a rare disease.

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Summary

Non urotelial malignant neoplasm of the ureter has been rarely described, usually arising from muscular, vascular and nervous tissue. Primary lymphoma of the ureter is an uncommon finding; we report a case of primary Non Hodgkin Lymphoma of the ureter in young woman.

KEY WORDS: Urinary tumors; Non Hodgkin lymphoma; Flank pain.

INTRODUCTION

Upper excretory way tumours represent between 2 and 5% of all urinary cancers. A quarter of them are placed in the ureter. Most of the ureteral neoplasms are located in the lowest portion of the ureteral wall. Transitional cancer is the most common histological type. Squamous cell carcinoma, adenocarcinoma, and other primitive malignant neoplasm of muscular, vascular and nervous origin have also been described (1). Plasmocytoma and lymphoma of the ureter are found very rarely.

CASE REPORT

A 22-years old woman was admitted to the hospital because of a left flank pain together with an episode of urosepsis. A similar episode of flank pain was referred by the patient one month before during a trip abroad. On that occasion pain was associated with gross haematuria. Ultrasound abdominal examination was carried out and showed a 0.5 cm ureteral stone with a slight omolateral hydronephrosis. Medical emergency therapy with analgesic, removed all the symptoms. When the patient came back to Italy she was still feeling something lying heavy on her flank. This sensation became soon a sharp, irrepressible pain and was associated with gross haematuria and a chill fever. Ultrasound and IVP showed a left hydronephrosis but did not demonstrate the presence of stones inside the excretory way (Figure 1). CT scan confirmed the hydronephrosis but it was not able to show any cause of obstruction. Retrograde pielography demonstrated an ureteral stricture which appeared so severe that ureteroscopy was judged impos-

Figure 1.

The IVP showed a left hydronephrosis but did not demonstrate the presence of stones inside the excretory way.



Figura 2.

Histological examination shows submucosal infiltrating lymphoma cells. H & E, reduced from 40.



sible. Explorative operation demonstrated that the distal ureter was narrowed by a fibrotic tissue completely involving the ureteral wall for 4-5 cm. This portion of the ureter was completely removed and a new implant of the ureter inside the bladder was performed by means of a "psoas hitch" technique. Histological examination of the specimen diagnosed a primitive non Hodgkin lymphoma of the ureter (Figure 2). Two years after the operation the patient is tumour free.

DISCUSSION

Non Hodgkin lymphoma of the ureter is a very rare disease and only five cases have been described in the literature (2). Neoplastic involvement of the ureteral wall produces a stenosis which, in turn, causes hydronephrosis and an acute flank pain similar to that commonly described in the renal colic. Sometimes the retroperitoneal lymph nodes involvement is the main cause of bilateral hydronephrosis. Symptoms may be scanty and the patient describes only a little flank pain associated with microscopic haematuria. For that reason, all the cases that we found in the literature were in a pathological stage of the disease which was more advanced and all the patients were submitted to post-operative chemotherapy or radiotherapy. When the disease is still at the initial stage, surgery is generally therapeutic and the patient could be followed-up every 6 months by means of a total body CT scan and an X-Ray of the chest. In our patient the check was carried out 2 years after the operation and she was judged tumour free.

REFERENCES

1. Messing EM, Catalona W. Urothelial tumors of the renal pelvis and ureter In: Walsh PC, Retik AB, Vaughan Jr ED, Wein AJ (Eds), *Campbell's Urology*, Vol. 3, 7th edn. Philadelphia, WB Saunders, 1998; p 2383
2. Hashimoto H., Tsugawa M., Tsushima T., Kumon H. Primary non-Hodgkin of the ureter. *Br J Urol Intern* 1999; 83:148

