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A newborn with a genital prolapse

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DESCRIPTION

We describe a 3-week-old girl with a genital prolapse. She was seen postnatally because a prenatal ultrasound had shown a cystic dilation in the right kidney. Ultrasound showed two duplex kidneys, with hydronephrosis of the upper pole of the right kidney and a ureterocele in the bladder. Antibiotic prophylaxis was started while further investigations were awaited. At 3 weeks of age the patient presented to the emergency department with fever. Physical examination showed a moderately ill girl, with no obvi-

ous signs to explain the origin of the fever. Genital examination showed a blue cystic mass extruding from the vulva, most likely a ureterocele (figure 1). Urine culture was positive for *Klebsiella oxytoca*. Dimercaptosuccinic acid-scintigraphy showed an almost non-functioning upper pole of the right kidney. The patient was treated with intravenous antibiotics and made a good recovery. Voiding cystogram showed right-sided vesicoureteral reflux grade one to the lower pole.

Figure 1 Examination of the genitals of the girl showed a blue cystic mass extruding from the vulva. Ultrasound imaging confirmed the diagnosis of an ectopic ureterocele. A differential diagnosis of, for example, hymen imperforatus, can also be made by ultrasound.

The girl was referred to a paediatric urologist for incision of the ureterocele. At the age of 12 months a resection of the right upper pole will be performed.

A ureterocele is a dilation of the distal ureter that is located within the bladder; if a portion is located at the bladder neck or urethra, it is termed ectopic or a cecoureterocele. Ureteroceles have an incidence of 1:500–1:4000.^{1 2} However, a ureterocele presenting as a vulval mass is rather rare and occurs in only 5–10% of all ureteroceles.^{1 3} When found, it is advisable to rule out other anomalies, such as duplex kidneys, since they frequently (80–90%) coincide.^{1 2}

Competing interests None.

Patient consent Obtained.

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