Images in... Ureterocele presenting as a vulval mass in a newborn girl

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DESCRIPTION

Ureterocele is a rare cause of urinary obstruction which is commonly associated with significant renal-tract anomalies.¹ Surgical decompression soon after diagnosis and further investigations to evaluate the renal tracts are important to prevent renal complications.

We present a newborn female infant with incidental large mass protruding from her vagina figure 1. The mass was firm and irreducible with no associated tenderness, vaginal discharge or bleeding. There was no antenatal or family history of concerns, and the baby was passing adequate amount of urine. The paediatrics urology and gynaecology teams evaluated the baby. Clinical assessment, abdominal ultrasound scan and examination under anaesthesia confirmed the diagnosis of prolapsed intravesical ureterocele. This was decompressed by endoscopy, and, subsequently, the baby was commenced on prophylactic antibiotics, pending exclusion of vesicoureteric reflux.

Ureterocele is a cystic dilatation of the ureter, which can involve the intravesical or extravesical part of the ureter.¹ It is associated with duplex renal system in 95% of female cases and with the presence of vesicoureteric reflux, especially with the extravesical form.¹ Ureterocele has an incidence of 1/5000 to 1/12000; however, prolapsing ectopic ureterocele account for less than 5% of the total.² It can be asymptomatic and incidentally diagnosed during workup for urinary tract infection¹ or rarely present as urinary retention. Other differential diagnosis includes epidermal inclusion cyst, Skene's duct cyst, and hidradenoma papilliferum and mucocolpos. Clinical evaluation should include measurements of blood pressure, urine microscopy and culture. Diagnostic workup entails evaluation for associated renal duplex system and presence of vesicoureteric reflux.³

Competing interests None.

Patient consent Obtained.

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Figure 1 A 1 \times 1.5 cm mass protruding from the vulval orifice.

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