Primary obstructive mega ureter- lower moiety
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Citation

Abstract
Primary obstructive megaureter (POM) in a single system is a common entity. Lower moiety of a duplex system is usually associated with reflux. Here in we present a case of primary obstructive megaureter (POM) in a lower moiety of a duplex system.

CASE REPORT
A 12 year old male presented with history of dull aching pain in right loin of 4 year duration. General examination was unremarkable. Blood and urine examination were normal. Sonography revealed right kidney showing gross hydroureteronephrosis. IVU showed bilateral duplicated system, right upper moiety was normal and draining well, right lower moiety showed delayed excretion with hydroureteronephrosis (Fig 1). Contrast CT revealed thinned out right lower moiety parenchyma with gross hydroureteronephrosis extending up to bladder (Fig 2). DTPA revealed poor radiotracer uptake by lower moiety. Micturating cystoureterogram did not reveal any reflux. Cystoscopy showed normal looking upper moiety orifice and hypoplastic lower moiety orifice. Exploration through 12th rib bed done showed thinned out lower moiety parenchyma with gross hydroureteronephrosis distal 3 cm of ureter was narrow, suggestive of primary obstructive megaureter (Fig 3). Child underwent excision of the lower moiety with the ureter.
DISCUSSION

Ureteric duplication is not uncommon; occurs in 0.8% of patients. Bilateral duplicated system is relatively rare entity. Hydronephrosis of the lower moiety is not infrequent and generally associated with reflux. Obstruction occurs commonly in upper moiety. Obstruction in lower moiety is not very uncommon, usually due to PUJ obstruction, calculi, epithelial tumour, and ectopic upper pole ureterocele compressing the lower moiety orifice. Lower moiety obstruction due to primary obstructive megaureter is an uncommon entity.

References

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