

*PUNCTURE OF
PROLAPSED
URETEROCELE AT
BEDSIDE WITHOUT
ANESTHESIA OR
SEDATION*

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PROLAPSED URETEROCELE

Presentation:

- 1) Rare but an emergency*
- 2) Midline introital mass*
- 3) Fluid filled*
- 4) Urethral meatus is superior/crescent shape*
- 5) Possible urinary retention*
- 6) Possible ureteral obstruction*



Treatment options:

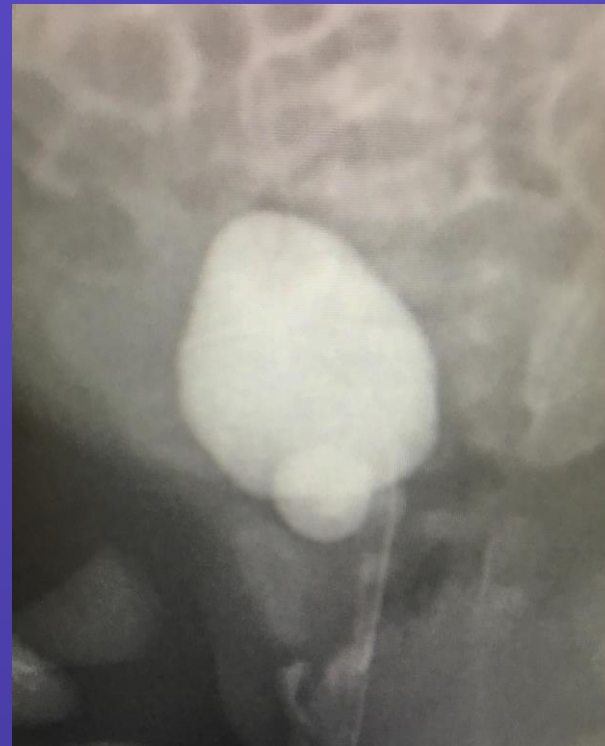
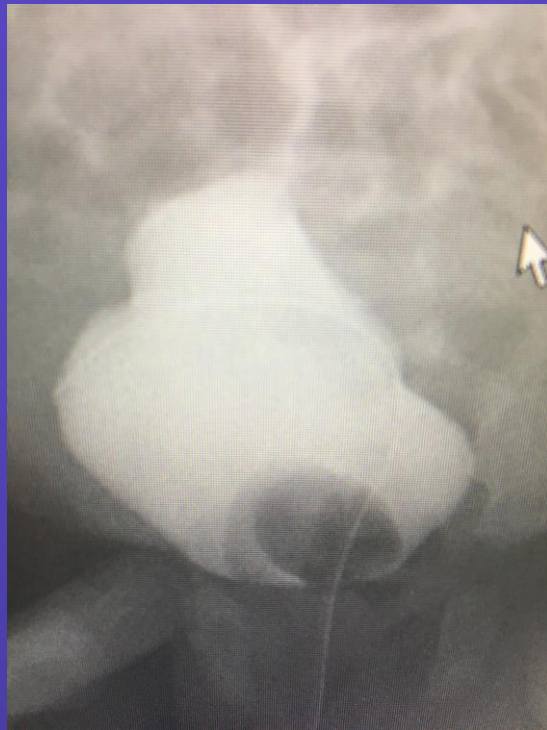
- 1) Foley placement*
- 2) OR for incision, unroofing*
- 3) Definitive surgical repair*

Puncture of prolapsed ureterocele at bedside





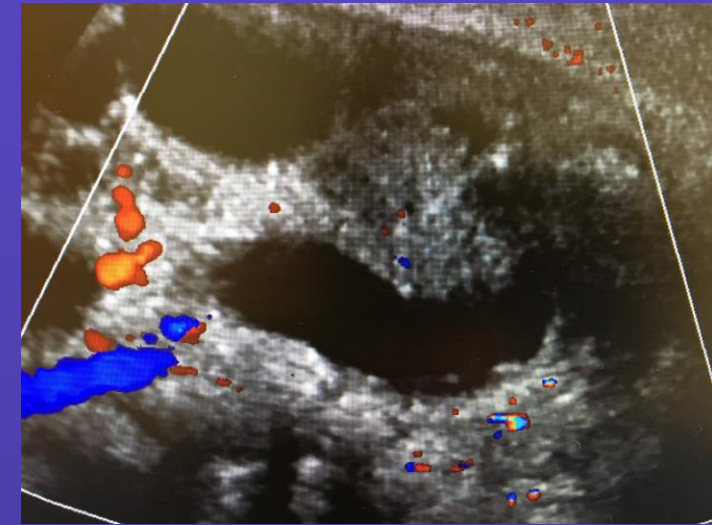
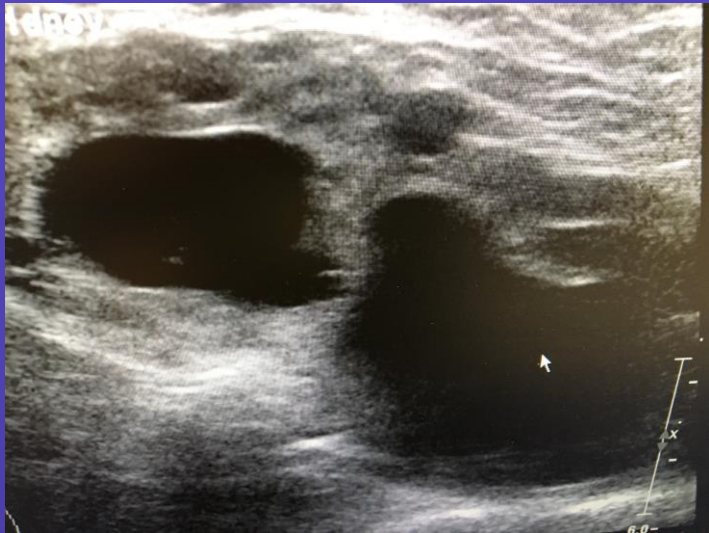
Baby #1 - postnatal work up



- 1) VCUG - No reflux, ureterocele*
- 2) US - from outside hospital*
right hydronephrosis of UP,
right ureterocele

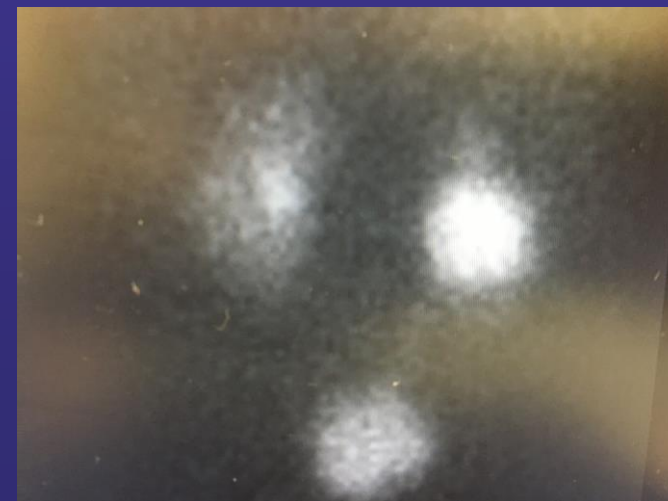


Baby #1 – puncture of prolapsed ureterocele at 4 weeks old

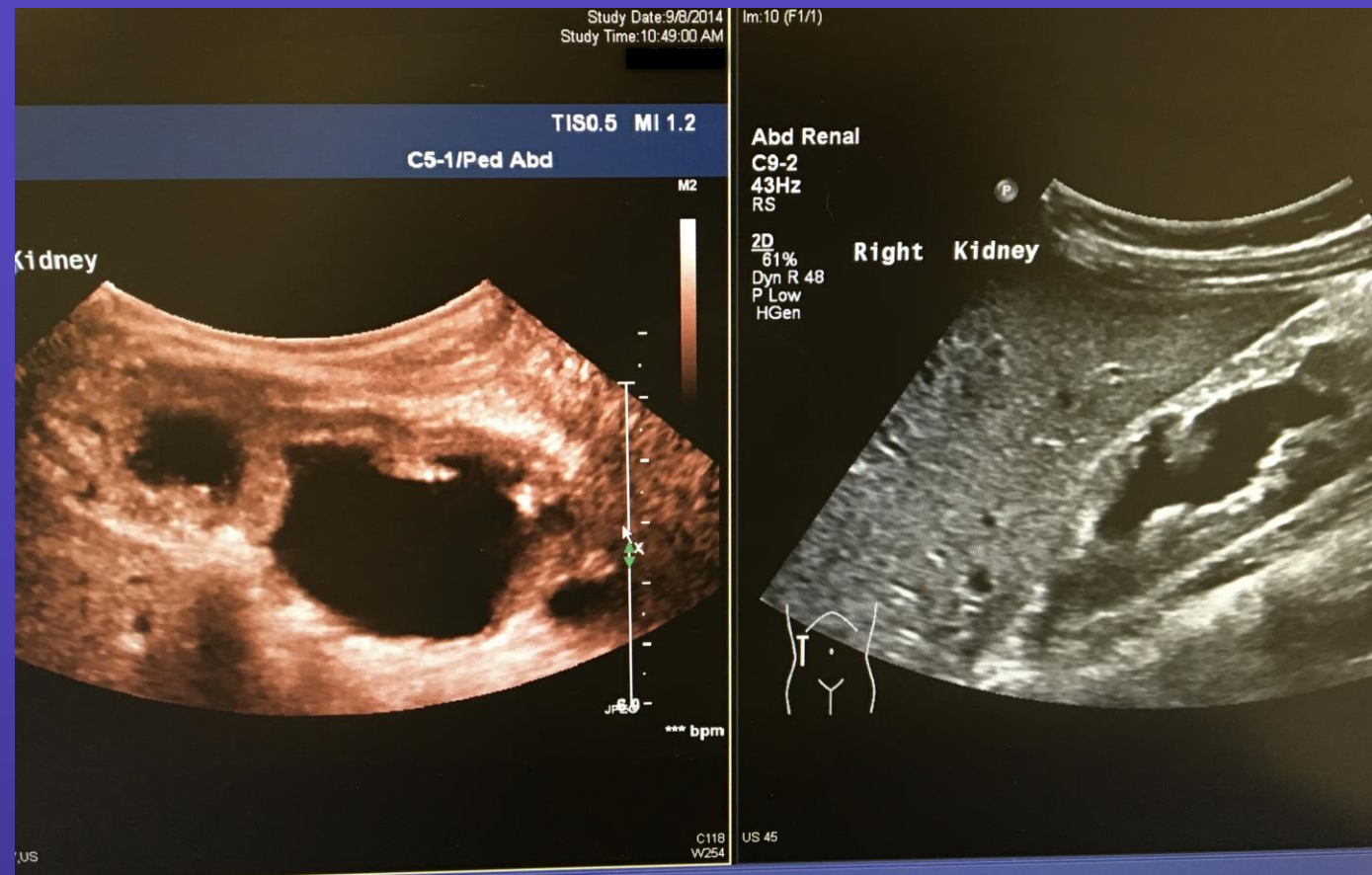


Postnatal procedures:

- 1) puncture of ureterocele at bed side*
- 2) right upper pole heminephrectomy*
- 3) right lower pole UPJ repair*

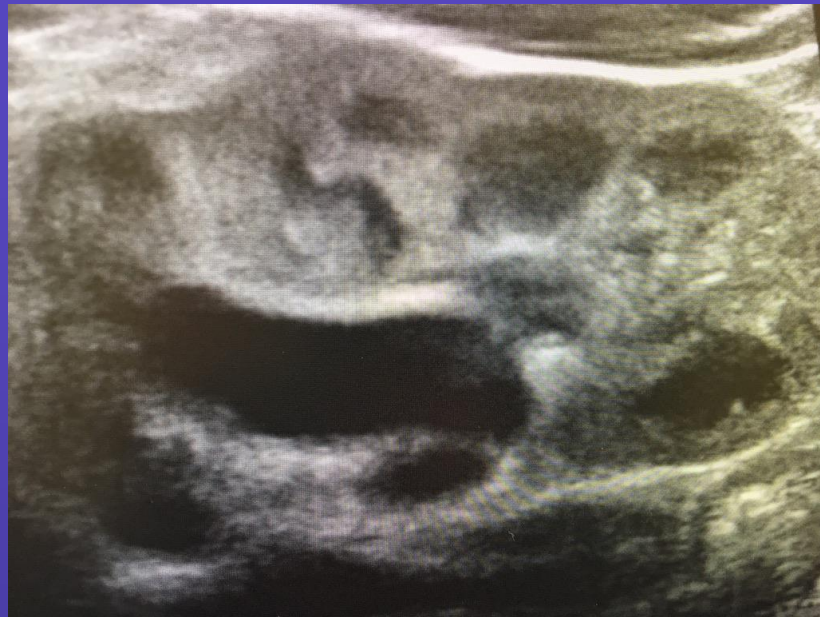


Baby #1 - at follow up

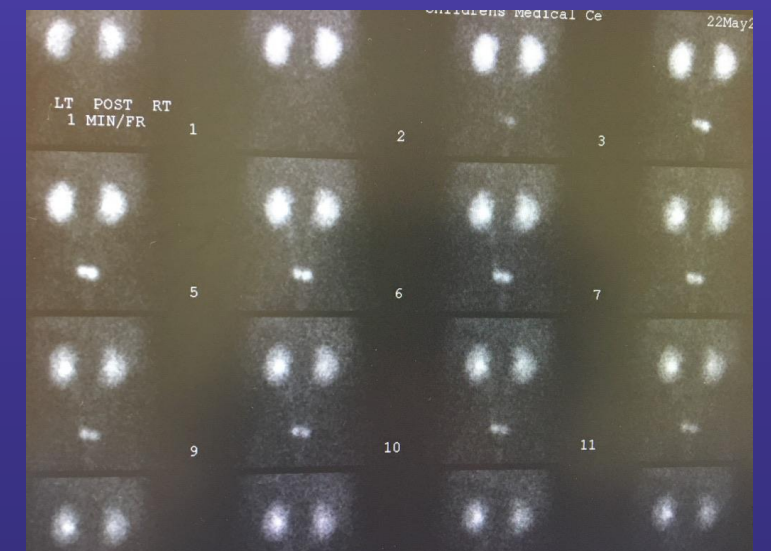




Baby #2 - postnatal work up - renal/bladder US and VCUG



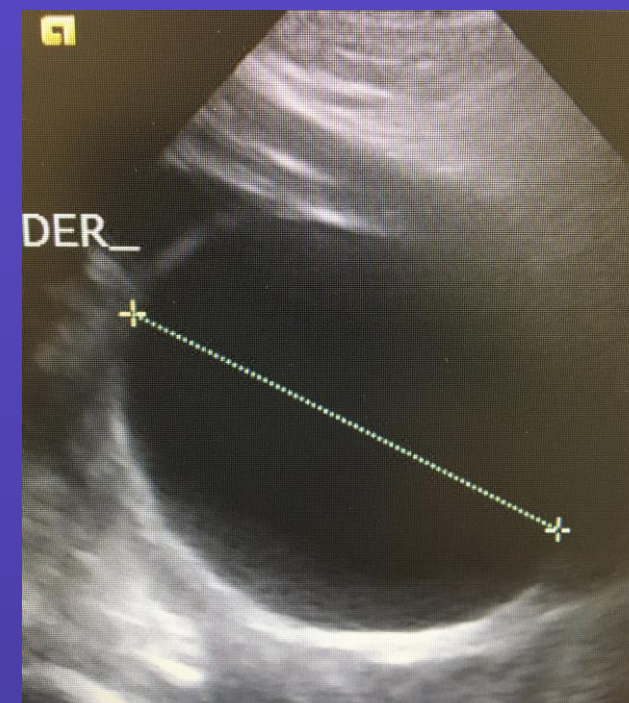
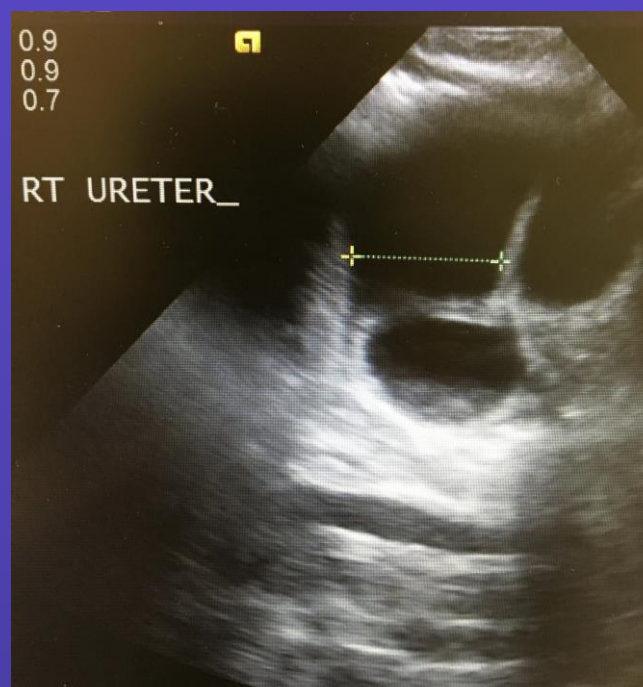
Baby #2 - post puncture of ureterocele
Follow up at 54 months - no other procedures



Baby #3



At age 4 weeks



Renal/bladder US at age 2 days



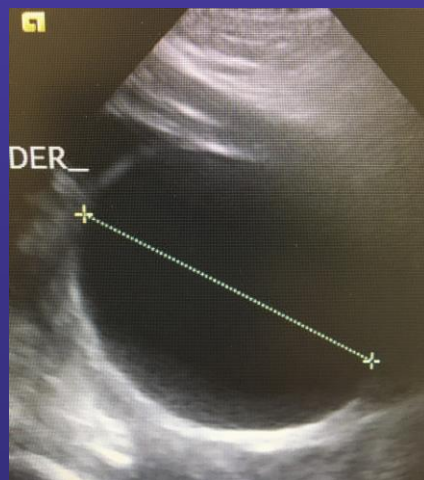
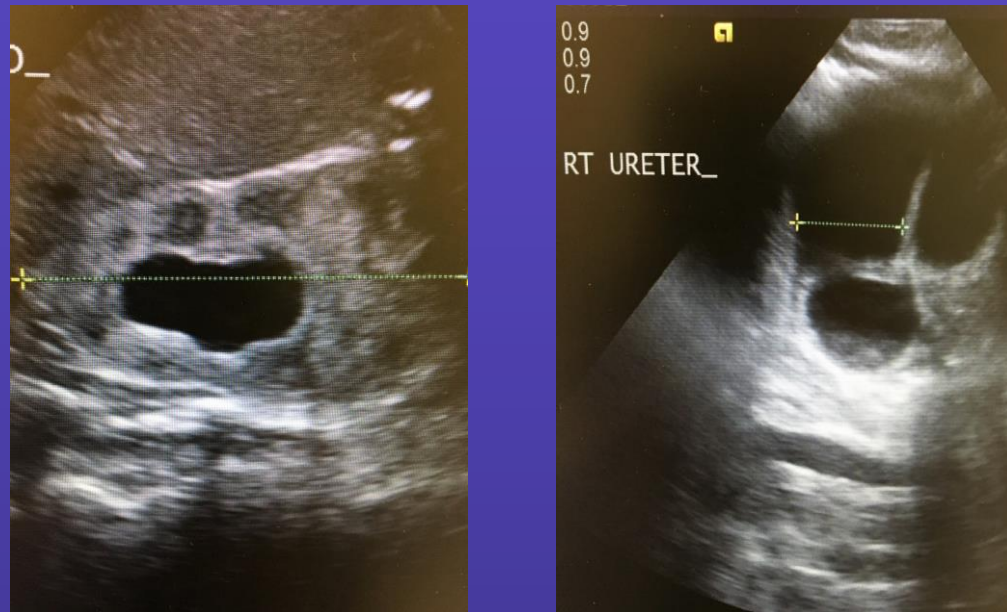
US of prolapsed ureterocele

Baby #3 - 2 weeks after in office puncture

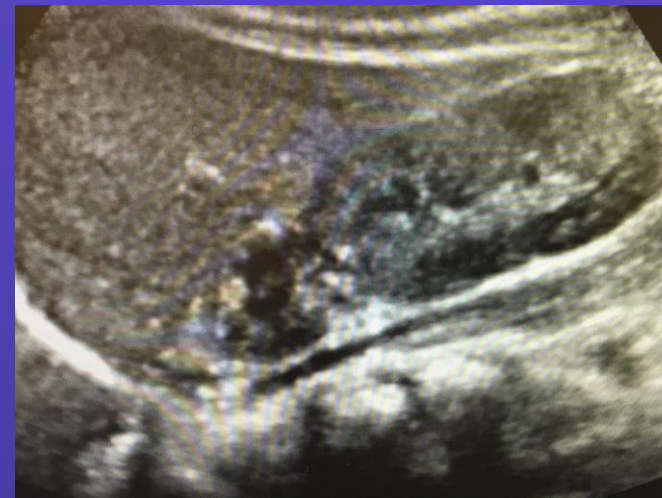


Baby #3 - at follow up 9 months

*pre
puncture*



*post
puncture*



Results - post puncture

- 1) All patients have normal external genital exam 2 weeks post op*
- 2) No post puncture VUR was observed with long term follow up*
- 3) 2 pts are potty trained and have normal bladder configuration*
- 4) Only 1 pt required additional upper tract operations
(upper pole heminephrectomy and lower pole UPJ repair on the same right side)*
- 5) All patients show improved or collapsed ureterocele*
- 6) Follow of 58, 54 and 9 month*

Conclusions

- 1) Puncture with hot temp device at beside is easy, quick, and safe*
- 2) Ureterocele wall “appears” to have*
 - no sensory receptors*
 - blunted sensory receptors*
- 3) Puncture site should be small and finite*
- 4) Puncture site ideally 1-1.5 cm from the true meatus*
- 5) Prolapsed ureterocele - a “special opportunity”*
 - to restore the integrity of the bladder base/urethra*
 - to preserve and avoid upper tract surgery*
- 6) Voiding phase of VCUG may predict potential for prolapse*