URETEROCELE IN COMBINATION WITH UROLITHIASIS: CLINIC, DIAGNOSIS, AND TREATMENT

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Annotation. The article presents the main aspects of the clinic, diagnosis, and treatment of ureterocele in combination with urolithiasis. An example from the author's own clinical practice is provided.

Keywords: ureterocele, urolithiasis,. urinary tract anomalies, diagnosis, treatment, endoscopic surgery, ureteral obstruction, kidney stones, urological complications.

Ureterocele is a developmental defect of the distal ureter walls, characterized by the enlargement of the intravesical portion, which bulges cyst-like into the bladder cavity and obstructs urine flow. Ureterocele is a common developmental anomaly, most frequently observed in women. According to current understanding, the development of ureterocele is influenced by several factors, including the vertical angle of the ureter's insertion into the bladder, shortening of the submucosal tunnel, stenosis of the ureteral orifice, and thinning of the detrusor muscle.[1]

Ureterocele can be unilateral or bilateral. According to A.Y. Pytel's classification, the following types of ureterocele are distinguished: 1) simple ureterocele, located in a normally positioned ureter. It can be either unilateral or bilateral; 2) prolapsing ureterocele: in girls, it protrudes through the enlarged urethra as a dark red formation, sometimes covered with ulcerated mucosa; in boys, it protrudes into the prostatic part of the urethra, causing acute urinary

retention. Ectopic ureterocele is located in an abnormally positioned ureter that opens into the urethra, vaginal vestibule, bladder diverticulum, etc.[2]

Ureterocele can be primary (congenital) or secondary (acquired) in etiology. E.A. Ostropolskaya distinguishes three degrees of congenital ureterocele. In degree I, the expansion of the intravesical part of the ureter is relatively small and does not lead to functional changes in the upper urinary tract. Degree II ureterocele is larger and leads to the development of ureterohydronephrosis. Degree III ureterocele is of giant size, causing bilateral ureterohydronephrosis and significant disturbances in bladder function.[3]

The problem of ureterocele and its associated complications, the most common of which is urolithiasis, remains relevant to this day. Prolonged obstruction and urine stasis create an ideal environment for stone formation, and the addition of a urinary tract infection accelerates this process. The development of urolithiasis in patients with ureterocele is observed in 15-42% of cases.[4]

The clinical picture of ureterocele is virtually devoid of specific manifestations, except for the rare cases of ureterocele prolapse. The symptoms depend on the size of the ureterocele, which determines the degree of urinary dynamics impairment in the upper and lower urinary tract and the complications caused by this.[5]

Characteristic manifestations of ureterocele include constant aching pain in the lumbar and iliac regions, recurrent chronic infections such as cystitis and pyelonephritis, and painful urination. The diagnosis of ureterocele involves a comprehensive approach including clinical-laboratory, radiological, ultrasound, and instrumental examination methods.[5]

Conclusion: Ureterocele is a congenital or acquired developmental defect in the distal ureter, leading to cyst-like bulging in the bladder and obstructing urine flow. It can be unilateral or bilateral, with three degrees of severity based on the size and functional impact on the urinary tract. The condition is often associated with complications like urolithiasis, as prolonged obstruction and urine stasis

promote stone formation. Clinical symptoms are nonspecific but may include chronic pain, recurrent infections, and painful urination. Diagnosis requires a comprehensive approach, including clinical, laboratory, radiological, ultrasound, and instrumental methods. Ureterocele is most commonly observed in women and may present with varying degrees of severity, from minor functional disruption to significant kidney and bladder dysfunction.

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