

An Unusual case of Ectopic Vesicae

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Abstract

A young man presenting with Ectopic Vesicae was found to have duplex system (double ureters) on the right side. This was not revealed on the initial Excretory Urogram. After diversion of the ureters into an Ileal Conduit, persistent leakage at the ectopic site was noted. Repeat Excretory Urogram revealed a double ureter entering the ectopic bladder.

Case History

Patient J.G. male, age 16 years, belonging to Peshawar was admitted in Surgical A Unit, L.R.H., Peshawar on 3rd May, 1982 for Urinary Diversion procedure for Ectopic Vesicae.

Local examination revealed Ectopic Vesicae: a complete type of epispadias and normally placed testis. Systemic examination showed no other abnormality. Apart from routine laboratory investigations, an Intra-venous Urogram showed:

1. Normal pelvi calyceal system and ureters.
2. Left kidney lying at a lower position.
3. Typical separation of the pubic bones.

After necessary bowel preparation, he was operated upon on 10th May, 1982. Ileal Conduit "Uretero-ileostomy" was performed, anastomosing two ureters to the proximal end of an isolated loop of terminal ileum using

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Wallace's Technique. The distal end was brought out as a spout (a terminal ileostomy) in the right iliac fossa.

The patient made an uneventful recovery and was discharged home on 23rd May, 1982.

The patient was readmitted on 25th November, 1982 for excision of the bladder "mucosa" and closure of the abdominal wall defect. This was carried out on 27th November, 1982 and the abdominal defect was closed by designing rotation flaps from each side.

During his hospitalisation, the patient remarked that there was persistent discharge of clear fluid from the ectopic site. This was ignored because the ileostomy was functioning well and it was presumed that the discharge may well have been from his inflamed bladder mucosa.

After the second procedure i.e., excision of the bladder mucosa and closure of the abdominal defect with rotation flaps, the patient developed chemical inflammation of the supra-pubic wound. The saturated dressings smelled of urine.

Repeat Excretory Urogram was done which revealed that he had complete duplication of the ureter on the right side. He was re-explored on 14th December, 1982 and the "3rd" ureter implanted into the proximal third of the previous ileal loop.

The patient made full recovery and the suprapubic wound leakage stopped. He was discharged home on 24th December, 1982.