EOSINOPHILIC URETERITIS. REPORT OF A CASE


Summary.- OBJECTIVE: We present the case of a patient with eosinophilic ureteritis.

METHODS: The patient was admitted with pain on the right renal fossa, and after several imaging tests, a mass was found on the right ureter, compatible with urothelial neoplasia on the right ureter.

RESULTS: Right nephroureterectomy was performed and the histopathological diagnosis was eosinophilic ureteritis.

CONCLUSION: Eosinophilic ureteritis is a rare entity with an unclear etiology, which is not easily distinguished from urothelial tumours. In the differential diagnosis we must take it into account whenever we find a ureteral mass associated to eosinophilia.

Keywords: Eosinophilic ureteritis. Ureteritis. Eosinophilia

Resumen.- OBJETIVO: Presentamos el caso de una paciente con Ureteritis eosinofílica.

MÉTODO: Paciente en estudio por dolor en fosa renal derecha al que se le realizan múltiples pruebas de imagen donde se identifica masa en uréter derecho compatible con neoplasia urotelial de uréter derecho. RESULTADOS: Se realiza Nefroureterectomía derecha y se diagnostica histopatológicamente de Ureteritis eosinofílica.

CONCLUSIÓN: La ureteritis eosinofílica es una rara entidad de difícil distinción frente a los tumores uroteliales, de no clara etiología. Deberemos tenerla en cuenta en el diagnóstico diferencial cuando encontremos una masa ureteral asociada a eosinofilia.

Palabras clave: Ureteritis eosinofílica. Ureteritis. Eosinofilia.

INTRODUCTION

Eosinophilic ureteritis is a rare condition. It is very difficult to differentiate it from ureteral tumours. Its etiology is unclear nowadays, although it seems to be related to hypersensitivity to bacteria, parasites, food and drugs (3).

The intraoperative presentation of the ureter is dilated and congestive, with edemas, just like the tumours of the urinary tract. In the analysis, they usually present peripheral blood eosinophilia, a decrease in the C3 and C4 complement and IgG levels, and an increase of IgE (although not in our case). Its only diagnostic method is the anatomo-pathological analysis. To date, there are no other published cases in our country. We present the case of a woman who was diagnosed with eosinophilic ureteritis in our department.

CASE REPORT

The patient is a 65-year-old woman with a personal record of untreated osteoarthritis and dyslipidemia. She underwent a hysterectomy and a double anexectomy.

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due to a uterine myoma ten years ago. She is admitted as an emergency with symptoms of left lumbar pain, micturition syndrome with vesical tenesmus and painless macroscopic hematuria with coagula (first episode). Once she is in the hospital, she presents pain on the right renal fossa. The blood analysis reveals Hb: 12.8 g/dl; and 5700 leukocytes/mm3 (without eosinophilia). All other parameters were within normal levels. Continuous bladder drainage is inserted after the implantation of a vesical catheter, and the patient is hospitalized for a study and treatment of the symptoms. 12 hours after the admission, the patient presented sudden pain on the right renal fossa, and a bilateral renal ultrasound reveals a right pyelocaliceal ectasia. After this finding, we decide to perform an abdomino-pelvic CT scan, which shows hematic content in the right excretory system. There is slight right pyelocaliceal dilation, with attenuation of the nephrogram and right excretory delay, which suggests a neoplasia of the urinary tracts (Figure 1).

In view of this situation, we perform a MRI urography which reveals a possible urothelial tumour at the right renal pelvis with some implants towards the proximal ureter. There is ureterohydronephrosis associated to the coagulum (Figures 2 and 3).

After the diagnosis of a possible urothelial tumour, we decide to programme an operation, in which a right nephroureterectomy with endoscopic removal of the right bladder cuff is performed. The samples are sent to the anatomo-pathological analysis department, which reports eosinophilic ureteritis that spreads towards the renal pelvis in the right nephroureterectomy sample, just as well as in the terminal right ureter cuff.

The images suggest small vessel eosinophilic vasculitis, urothelial atypia of focal reactive origin, ureteral dilation with secondary hydronephrosis and histological changes compatible with ascending acute pyelonephritis, focal renal congestion and hematic cylinders (Figures 4 and 5).

The patient showed a good evolution during the immediate postoperative period, as well as during the admission, and she was discharged 4 days after the operation.

After six months of monitoring in the Service of Urology, the patient remains asymptomatic and her creatinine levels are within normal ranges.
Eosinophilic ureteritis is a rare entity, and it is very difficult to differentiate it from urothelial tumours with imaging techniques. Its ethiology is still unclear, but an allergic and autoimmune origin has been suggested. The histopathological examination is the only diagnostic method available, and it is characterized by eosinophilic infiltration and granulomatous reaction on the ureteral wall (1,2).

As pointed out earlier the eosinophilic ureteritis is a rare and benign entity that we must take this condition into account on our differential diagnosis, whenever we find a ureteral mass through imaging tests, associated to peripheral blood eosinophilia (although that was not our case), together with an increase of IgE and changes on the complement fractions, as well as an intact ureteral mass in the ureteroscopy (3).

REFERENCES AND RECOMMENDED READINGS
(*of special interest, **of outstanding interest)