

Image of the Month

Ureterosigmoidostomy

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A 43-year-old asymptomatic female with a history of urinary diversion as a child for bladder exstrophy presented for colonoscopy. In the lower sigmoid two hyperemic polypoid nodules with central orifices, corresponding to the surgical implant sites of the ureters, were identified (Fig. 1A). Further characterization of the mucosal surface favoured chronic chemical irritation over a neoplastic pattern (Fig. 1B), which was further supported by narrow band imaging with zoom (Fig. 1C). Biopsies from the periphery confirmed presence of chronic inflammation with granulation tissue. Of interest, occasional bursts of urinary outflow were captured (Supplementary Video).

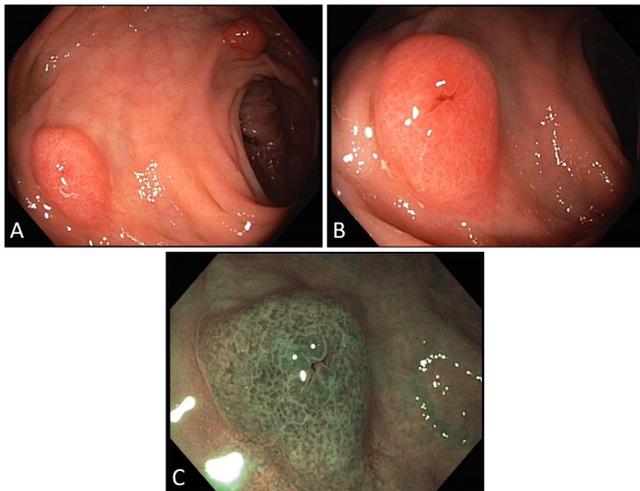


Fig. 1. Colonoscopic view of the lower sigmoid with two hyperemic polypoid nodules with a central orifice, corresponding to the surgical implant sites of the ureters. (A) Close-up views of the non-neoplastic appearing mucosal surface pattern in white light (B) and narrow-band imaging (C) conditions.

Prior to the widespread dissemination of ileum conduit formation, ureterosigmoidostomy used to represent the most common surgery type for urinary diversion. Besides metabolic complications e.g. acidosis and/or hypokalemia (often calling for chronic bicarbonate substitution), malignant colorectal complications at/or downstream of the implantation sites – potentially related to the formation of carcinogenic nitrosamine species by interaction of urine and colonic microbiota – have been reported in up to 15 % of patients with an estimated time lag of >20 years. However, individual reports indicate cancer development as early as 10 years after formation, thus, flexible sigmoidoscopy is recommended once per year beginning 10 years after surgery [1].

Conflict of interest

None declared.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.dld.2019.08.026>.

Reference

- [1] Woodhouse CR, British Society for Gastroenterology, Association of Coloproctology for Great Britain and Ireland. Guidelines for monitoring of patients with ureterosigmoidostomy. *Gut* 2002;51(Suppl. 5):V15–6.

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