

Unusual malignant ureteral obstruction and management

A 39-year-old woman was diagnosed with metastatic grade 2 left breast invasive ductal carcinoma. She developed renal failure as a result of obstruction of the left kidney, evident from the urinoma and associated hydronephrosis on computed tomography scan (*Figure 1*). Cytology from the collection did not show any malignant cells ruling out a second primary malignancy.

Ureteral metastases commonly cause no symptoms as they are usually extra-lumi-

nal. Ureteral metastases causing urinoma formations are a rarity in the literature (Talreja and Opfell, 1980).

In ureteric obstruction caused by metastasis, the obstruction can be removed by endoluminal stenting or nephrostomy. However, when there is progressive disease and the objective is to palliate, nephrostomy would be the choice of management, as it offers a direct route of drainage which is independent of the ureteral disease and normalizes renal function to allow resumption of chemotherapy and relief of flank discomfort. **BJHM**

Talreja D, Opfell RW (1980) Ureteral metastasis in carcinoma of the breast. *West J Med* **133**(3): 252–4

Figure 1. a. Coronal and (b) axial computed tomography images of the left-sided urinoma secondary to malignant metastatic ureteral obstruction (white arrow).



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