

Strictures of the Ureter

NZMJ, 1926

By James A. Jenkins, *Dunedin*.

Strictures of the ureter are of common occurrence in the practice of one doing much urological investigation. Their presence as a cause of ill-health and suffering has not yet reached the majority of practitioners. The wide range of symptoms present in a series of cases makes their diagnosis impossible apart from instrumentation. Symptoms may suggest the possibility of their presence, but only the passage of bulbs of large calibre, together with urographs, gives definite information.

There are two main types :—(1) Congenital strictures of the ureter (rare) ; and (2) , acquired (common).

Congenital strictures have been described by several writers :— Bottomly ⁽¹⁾ in 1910 brings the literature to date with 58 cases, many of them from *post-mortems* and monstrosities. Eisendrath ⁽²⁾ brings the series up to 63 cases and reports one case with hydronephrosis and hydroureter and Ockerbald ⁽³⁾ and Caulk ⁽⁴⁾ have described cases of congenital dilatation of the ureter which can be compared to the condition of the sigmoid colon known as Hirschsprung's disease. In these cases there is no sign of back pressure upon the kidney. In other words there is no marked obstruction.

Cases of obstruction due to valves and other pathological conditions in the posterior urethra have been fairly commonly reported as occurring in children. Many have been found *post-mortem*, the children dying of hydronephrosis, and infec-

tion, and renal failure.

Acquired strictures of the ureter are a very real thing, both to the patient and to the surgeon who has the necessary equipment and skill to demonstrate them. Hunner, who has done so much to draw the attention of urologists to their frequent presence, has, after many years of careful study, had his work widely recognised.

Long-standing infection of the kidney and renal pelvis causes considerable dilation of the ureter, and these cases have to be distinguished from the cases of true stricture here described.

The cause of this condition is still not definitely known, but all the evidence goes to prove that localised infections of the wall of the ureter is the chief factor. Focal sepsis and elective localisation possibly play an important part.

The condition is bilateral in the vast majority of cases, though there may be symptoms on one side only when the patient first reports. (cases 2 and 3 illustrate this).

The symptoms of uterine stricture are varied. Hunner describes them as follows :—Pain.—Usually situated deep in the pelvis. It frequently occurs in the back, loins, kidney regions, and varies from a slight drag to great discomfort. Scaro-iliac joint and the appendix area is a common situation. Frequency of micturition and neuralgic pains in the bladder are common. Gynaecological symptoms.—Dysmenorrhoea, "ovarian neuralgias," and dyspareunia are amongst the commonest symptoms. Gastro intestinal symptoms.—Headache, mild uraemic symptoms, are said to occur.