CORRESPONDENCE

(The Editors do not hold themselves responsible for opinions expressed by correspondents)

Letter to the editor: Blind-ending branch of a bifid ureter: multidetector CT imaging findings

Author's reply
The Editor,

We appreciate your feedback to our case. We acknowledge and agree that conventional intravenous urography (IVU) could have been used to make the diagnosis, as prior reports indicate. Our institution reflects the general trend and unfortunately the valuable IVU has become under used. The effectiveness of IVU has been proven over time, both in regards to cost and radiation dose to the patient. Often the finding of a blind-ending bifid ureter is noted incidentally and primary pathologies that clinicians are assessing include calculi and neoplasms. Clearly, MDCT has an important role for evaluation of these diseases and has been demonstrated to be far more sensitive.

Regarding the asynchronous peristaltic waves that the ureter demonstrates, we believe that contrast was

initially seen most cephalad in the blind-ending ureter because one or more cycles of retrograde-antegrade peristalsis had already occurred prior to the imaging at 10 min. It is possible that some portion of the blind-ending ureter was dyskinetic or minimally extrinsically compressed leading to residual contrast remaining at the cephalad-most portion after antegrade peristalsis.

Again we appreciate your comments.

Yours etc.,

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