CORRESPONDENCE

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

The Editor,

I read the case report published in the *British Journal of Radiology* 2011; 84(998):38–40, on “Blind-ending branch of bifid ureter: multidetector CT imaging findings” by E Chang et al, with academic interest. In the present era of imaging, CT is the modality of choice in patients presenting with microscopic haematuria especially when no other sign or symptom is evident. It is appreciable that the learned authors have presented this appropriately as a rare case of such urinary anomaly on MDCT. However, intravenous urography, a conventional approach, could have also given good diagnostic results for surgical management in such cases. It could be an economical and easily available modality with much less radiation to the patient compared with MDCT. We diagnose cases of renal and ureteric duplication and other urinary anomalies on intravenous urography for proper management of patient and relief of their symptoms. One such male patient of 35-years-old presented with right side ureteric colic at our hospital and was diagnosed on intravenous urography as ureteric duplication with blind ending.

The authors have very rightly described that bifid ureters with blind ending have ureterouretral reflux with asynchronous peristaltic waves (yo-yo ureteric peristalsis). In such cases the contrast should have not been seen at the most cephalad part of the blind ending ureter, instead the filling of this duplicated ureter must be from the caudal to cephalad part as shown in our case (Figure 1). The cephalic segment of this bifid blind ending ureter, in the presented case, must not have been filled completely in 10 min; however, if we look at the images a contrast track can be seen along the right side of the orthotopic right ureter suggest the filling of ureter from caudal to cephalad part of bifid ureter.

The letter is written with the aim that readers of the BJR can appreciate the diagnostic values of IVU, a state of the art modality in radiodiagnosis. This art of conventional radiology, we are losing fast in the era of imaging.

Yours etc.,

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(Received 16 February 2011, Accepted 16 March 2011)
DOI: 10.1259/bjr/31163090

(a)

(b)

Figure 1. (a) Right-side bifid ureter filling from caudal to cephalic section, (b) right-side bifid ureter with blind ending.