ENDOSCOPIC TREATMENT OF FIBROEPITHELIAL POLYP OF THE URETER

Introduction
Fibroepithelial polyps are benign mesenchymal tumors with a morphology and clinical presentation very similar to transitional cell carcinomas, so that differential diagnosis is of paramount importance.

Design
We present the case of a 72-year-old female patient, with history of breast cancer, which came to the office reporting urgency. Ultrasonography sowed a bladder neoformation of about 1.7cm. Cystoscopy revealed a ureteral tumour, that movement of the polyp was moving forward and backward in the right ureteric orifice.

Results
A right rigid ureteroscopy was performed and showed a neoformation, about 5cm long, originated in the pelvic ureter, with a pediculated base of insertion and ureteral stenosis. We decided to resect the pedicle and to perform a complete tumour extraction. The area resected was revised, a biopsy of implantation bed was performed and a right double-J catheter was placed. The histopathological study confirmed the diagnostic suspicion of fibroepithelial polyp. An intravenous control urography was performed at two months after surgery with no repletion defects or areas of secondary stenosis found. After 10 years of follow-up, the patient was free of recurrence.

Conclusion
Benign primitive non-epithelial tumours account for only 5% to 10% of urinary tract tumours, and the fibroepithelial polyp is the most frequent of them all. A differential diagnosis between fibroepithelial polyp and transitional cell carcinoma cannot be made with imaging tests alone. The suspicion must be established, and endoscopic exploration indicated, by means of ureterorenoscopy or percutaneous nephroureteroscopy, whatever is a better indication, with biopsy or definitive endoscopic treatment of the tumor.

References