

Retrocaval ureter

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- This is due to anomalous development of the inferior vena cava (IVC) with persistence of the posterior subcardinal vein. The right ureter passes behind the IVC rather than lying on its right side and may lead to ureteric obstruction, hydronephrosis and calculi. Most cases remain asymptomatic. Contrast - imaging with IVU, CTU, MRU and diuretic renogram aid the diagnosis. The classic sign of a dilated upper ureter at L3/L4 with proximal hydronephrosis and the ureter passing medially behind the IVC is described as the reverse 'J' sign (Figure 82.4). Surgical correction is indicated in symptomatic patients with ureteroureterostomy or pyeloplasty depending on the level of obstruction.

Lower moiety draining ureter - pelviureteric junction obstruction Lower moiety draining ureter - vesicoureteric reflux Upper moiety draining ureter - ectopic ureter drains below the sphincter in females and above the sphincter in males Figure 82.3 Complete duplication of the ureter and associated anomalies (courtesy of Nivedita Kekre and Dr Madhuri Sadanala).

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