شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم
جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأفلام قد أعدت دون أي تغييرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار
في درجة حرارة من 0-15 مئوية ورطوبة نسبية من 20-40%

To be Kept away from Dust in Dry Cool place of
15-25 °c and relative humidity 20-40%
بعض الوثائق الأصلية تالفة
بالرسالة صفحات لم ترد بالإصل
MANAGEMENT OF URETERAL STRICTURE
Surgical And Endoscopic

Thesis
SUBMITTED FOR PARTIAL FULFILLMENT OF M.S.C. DEGREE IN UROLOGY

By
Ahmed Saber Abd El-Hamid
M. B., B. Ch.

Under Supervision Of
Prof. Dr. Hamdy Abu El-Hassan
Professor and Chairman Of Urology
Faculty Of Medicin
Minia University

Dr. Mohamed Abd El-Malek
Assistant Professor Of Urology
Faculty Of Medicin
Minia University

Dr. Alaa Shabaan
Lecture Of Urology
Faculty Of Medicin
Minia University

1998
وعملك ما لم تكن تعلم
وكان فضل الله عليك عظيماً
صدق الله العظيم
TO MY WIFE
AND
TO SPIRIT OF MY PARENTS
ACKNOWLEDGMENTS

All thanks are due to God.

I would like to express my deepest gratitude to our professor Doctor Hamdy Abu El - Hassan professor of Urology - Faculty of Medicine - Minia University Who honred me by his kind supervisions continuous help and his fatherly advice throughout my career.

I wish to express my gratitude to Doctor Mohamed Abd El - Malek, Assistant professor of Urology, Minia University, for his advice and encouragement throughout the course of this investigation.

My sincere gratitude and acknowledgment is addressed to doctor Alaa Shaban, Lecturer of Urology, Minia University. I remember how much he was aiming to help me by all means during preparation of the work.

Finally, I wish to express my thanks to all my professors and colleagues who, by there advice and assistance made my work both pleasant and profitable.
CONTENTS
# CONTENTS

INTRODUCTION AND AIM OF THE WORK ............. 1

ANATOMY OF THE URETER .................................. 2
  Gross Anatomy ........................................... 2
  Blood Supply ............................................. 5
  Radiologic Anatomy ..................................... 6
  Endoscopic Anatomy ..................................... 10
  Histology Of The Ureter ................................. 12

PHYSIOLOGY OF THE URETER ............................... 15

PATHOLOGY OF URETERAL STRICTURES ........... 19
  Tuberculous Ureteral Stricture ..................... 21
  Bilharzial Ureteral Stricture ......................... 23

DIAGNOSIS AND PREOPERATIVE MANAGEMENT .................................. 30

ENDOSCOPIC MANAGEMENT ................................ 33

SURGICAL TREATMENT .................................... 50

PATIENTS AND METHODS .................................. 67

RESULTS ...................................................... 76

DESCUSSION .................................................. 82

SUMMARY AND CONCLUSION .............................. 91

REFERENCES .................................................. 94

ARABIC SUMMARY ...........................................
CONTENTS

INTRODUCTION AND AIM OF THE WORK .............1

ANATOMY OF THE URETER ............................2
  Gross Anatomy ......................................2
  Blood Supply ......................................5
  Radiologic Anatomy .................................6
  Endoscopic Anatomy .................................10
  Histology Of The Ureter .............................12

PHYSIOLOGY OF THE URETER .........................15

PATHOLOGY OF URETERAL STRICTURES ............19
  Tuberculous Ureteral Stricture ...................21
  Bilharzial Ureteral Stricture ......................23

DIAGNOSIS AND PREOPERATIVE MANAGEMENT ..30

ENDOSCOPIC MANAGEMENT ............................33

SURGICAL TREATMENT ................................50

PATIENTS AND METHODS .............................67

RESULTS ...................................................76

DESCUSSION ..............................................82

SUMMARY AND CONCLUSION .........................91

REFERENCES .............................................94

ARABIC SUMMARY .......................................
INTRODUCTION AND AIM OF THE WORK

The Ureter function as a fibromuscular conduit carrying urine from the kidney to the bladder. Any pathological process that interferes with this activity can cause renal abnormalities. Ureteral stricture is the most common and critical pathologic process affecting the ureter. (Netlo et al., 1990)

The treatment of ureteral stricture has changed dramatically with the development of less invasive surgical techniques. However, improved instrumentation and advances in endourological technique have provided less invasive means of treating ureteral stricture disease that are likely to lead to decrease in morbidity and cost. (M. Y. El-Gammal 1989).

Urinary Bilharziasis being a national problem and a cause of ureteral strictures takes a great toll on our patients and exhausted economy due to associated morbidity and its deleterious effects on renal function, so endoscopic techniques provided the hope of being a simple economical method of correcting strictures without the need for open surgery except in resistant fibrous cases. (Wishahi 1987).

The aim of this study is to diagnose the degree of ureteral stricture in order to compare the results of surgical versus endoscopic treatment of ureteral stricture.
ANATOMY
OF
THE URETER
ANATOMY OF THE URETER

Gross Anatomy:

The ureters are pair of distensible tubes whose peristaltic contraction convey urine from the kidneys to the urinary bladder.

They are approximately 25-30 Cm long and their course follows a smoothly shaped “S”. They are thick walled, narrow and continuous superiorly with the funnel shaped renal pelvis with slight constriction may mark this junction. Each ureter descends slightly medially anterior to the Psoas major muscle entering the pelvic cavity to open into the base of the urinary bladder. (Gosling 1983).

The ureter may be divided by the iliac artery into approximately two equal portions: Abdominal and pelvic. The ureters lie in a bed of loose areolar connective tissue in the retro-peritoneal space, but when the peritoneum is reflected the ureters remain attached to the under surface of the peritoneum. Because they are not fixed to the surrounding structures, wormlike movements can be seen under normal circumstances and the ureters can be displaced or obstructed by retroperitoneal masses such as aortic aneurysms and tumors. [G. A. G. Decker86]

The narrow lumen is not of uniform caliber. In general its diameter is about 3mm, but it is slightly constricted at different levels.

1. At the pelviureteric junction.

2. As the ureter crosses the pelvic brim.

3. As the ureter enters the bladder wall.

(Olsson, 86)