Unilateral Cutaneous Ureterostomy: A Feasible Urinary Diversion Option Following Radical Cystectomy
Bastab Ghosh¹, Barun Kumar², Dilip Kumar Pal³

¹Assistant Professor, Department of Urology, Institute of Post Graduate Medical Education & Research, Kolkata-700020
²Post Doctoral Trainee, Department of Urology, Institute of Post Graduate Medical Education & Research, Kolkata-700020, India
³Professor & Head, Department of Urology, Institute of Post Graduate Medical Education & Research, Kolkata-700020, India

*Corresponding author
Dilip Kumar Pal
Email: drdkpal@yahoo.co.in

Abstract: We report a case of 27 year old male with history of exstrophy of bladder and epispadius, diagnosed with muscle invasive urothelial cell carcinoma of urinary bladder. He underwent radical cystectomy with resection of apparently involved part of sigmoid colon. Unilateral cutaneous ureterostomy was done on the right side with dilated ureters. Patient had an uneventful post-operative recovery.

Keywords: exstrophy, bladder, epispadius

INTRODUCTION
Carcinoma bladder is one of the most common urinary tract malignancies in India. Radical cystectomy remains the gold standard for localized muscle invasive bladder tumor. Use of intestinal conduit gives a long term solution for urinary diversion but it comes with its own set of morbidities [1].

Cutaneous ureterostomy offers an alternative for traditional intestinal conduits and have the advantage of reduced surgical trauma, early return to activities and no bowel related complications [2].

In this case we present such a case where unilateral cutaneous ureterostomy was done following radical cystectomy in a patient with history of exstrophy of bladder with epispadius.

CASE REPORT
A 27 year old male presented with complains of hematuria for 5 months. He was operated for epispadius and exstrophy of bladder at the age of 5 years. Correction of epispadius was not achieved. On examination had a bifid glans with urethral opening at pubo-penile junction.

On USG KUB, a bladder tumor was found with bilateral hydroureteronephrosis. He underwent TURB, histopathology revealing high grade muscle invasive tumor with squamous metaplasia. He then received 6 cycles of neoadjuvant chemotherapy.

Radical cystectomy was done, during which a part of sigmoid colon was resected with the specimen which was infiltrated by the tumor, with hartmans procedure.
Both ureters were seen grossly dilated and thick walled. Left ureter was brought behind the sigmoid colon to the right side. Both ureters were spatulated and anastamosed with each other leaving one ureterostomy opening which was brought to skin surface on right side.

Patient had an uneventful postoperative recovery with early ambulation. The histopathological report came out to be high grade urothelial cell carcinoma with squamous differentiation.
