A 50-year old woman was admitted to emergency room due to an episode of recurrent renal colic. Double-J ureteral stent has been placed several weeks earlier due to mild hydronephrosis of the left kidney. She had a history of urinary tract infections and poorly defined abdominal pain. Abdominal computed tomography (CT) scan revealed normal left kidney and normal left urinary tract without calculi, presence of double-J ureteral stent and absent right kidney (Figure 1 - Coronal multiplanar reformat ted image). Excretory phase of CT scan showed retrograde opacification of distal, blind-ending, nondilated, nonobstructed right ureteral stump. Visualized structures suggested remnant of the incompletely developed right ureteral bud, with normal position of the right ureteral orifice (Figure 2A, Coronal curved-planar reformat ted and B) Volume-rendered image.

Figure 1. Abdominal computed tomography scan (Coronal multiplanar reformat ted image) shows normal left kidney and normal left urinary tract without calculi, presence of double-J ureteral stent and absent right kidney.

Figure 2. Excretory phase of computed tomography scan demonstrates retrograde opacification of distal, blind-ending, nondilated, nonobstructed right ureteral stump. Visualized structures suggested remnant of the incompletely developed right ureteral bud, with normal position of the right ureteral orifice. A) Coronal curved-planar reformatted and B) Volume-rendered image.

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Most blind-ending ureters are detected incidentally and are clinically insignificant.\(^\text{1}\) In some cases, though, they may induce recurrent urinary tract infections, renal colic or poorly defined abdominal pain due to present- ed vesicoureteral reflux.\(^\text{2}\) Presence of calculi in blind ending urethral bud has been described with the patient having overactive bladder syndrome and dyspareunia.\(^\text{3}\)

**CONFLICT OF INTEREST**

None declared.

**REFERENCES**

