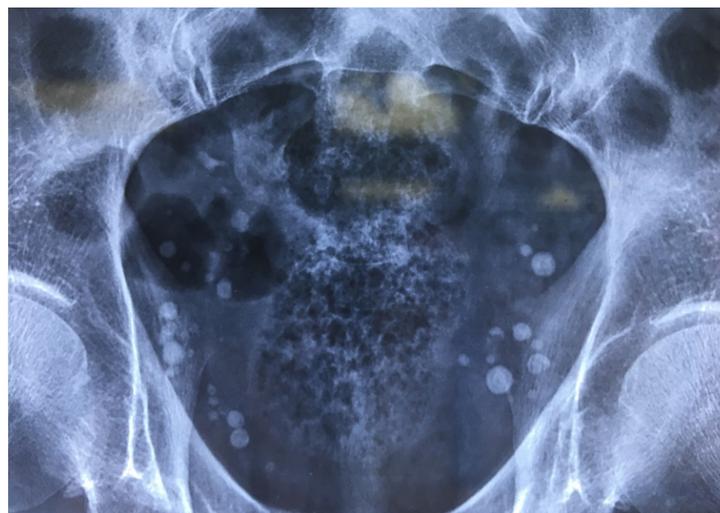


# Are they all ureteral stones doctor?

## Clinical Image

Phleboliths are defined by the presence of calcification at the wall or the lumen of a vein. They are often secondary to venous valve abnormalities. They are most often found in veins of the pelvis (periureteral, periprostatic or perivaginal plexi). Thus, it can sometimes be difficult to differentiate them from lower ureter stones.

We report the case of Mr. T.O., 56 years old, with no previous medical history, who has been consulting for an abdominal and right low back pain for one week with no digestive sign. A KUB (kidney, ureter and bladder) X-ray showed multiples round calcic images (more than 30) on the pelvic area (Figure 1). An abdomino-pelvic CT-scan showed a 9 mm and 1000 HU pelvic ureteral stone with ipsilateral uretero-hydronephrosis. Extracorporeal shock wave lithotripsy (ESWL), which is indicated, could not be done because of the presence of multiples calcic images, which make the fluoroscopic identification difficult. We put the patient under medical expulsive therapy. The patient expelled the stone after 22 days.



**Figure 1** KUB x-ray showing multiples pelvic phleboliths.

On KUB x-ray, differentiate between phleboliths and ureteral stone is tricky. However, cockade-like with central lucency perfectly round calcic images are more likely to be phleboliths. Enhanced CT scan is the gold standard to differentiate between stone or phleboliths. It can show direct signs of ureteral obstruction. To avoid the contrast agent injection, an unenhanced CT scan can be performed. Three parameters can help in diagnosis: the rim sign if there is a ureteral obstruction (peri-ureteral oedema), the comet sign (the non-calcified vein portion in continuity with the calcification) and the density of the calcification (if inferior to 300 UH, it is more likely to be a phlebolith).

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