

"INTRODUCTION"

"URETERAL DILATATION"

Ureteric stricture is one of the common urological problems in Egypt since bilharziasis is the most prevalent endemic disease in Egypt. (Zaher, 1969).

Among the major outcomes of disease is the bilharzial ureteric stricture. These strictures constitute about 25% of bilharzial lesions affecting the urinary tract. (Fam, 1964).

If neglected, these strictures result in severe damage to the kidneys through obstruction, infection and stone formation (Saad, 1970).

Other causes of ureteral stricture are tuberculosis, ischemia and infection due to impaction of stone, injury to the ureter during extensive pelvic surgery and from intensive radiotherapy. (Smith, 1981).

Although, excellent results may be obtained with surgical correction of ureteric strictures, yet many vigorous drawbacks are encountered such as, postoperative ureteric obstruction and vesicoureteral reflux with

perisistant infection and deterioration of renal function. (Safwat, 1961).

The recent advances in endourology and the development of different types of ureteral dilators have made dilatation of the ureter a safe and effective procedure in the management of different types of ureteric strictures and in downward extraction of ureteric stones with neglected hazards. (Finnerty et al., 1984).