History
10 year old with abdominal pain and recent endoscopic anti-reflux procedure.

Diagnosis
Deflux Implants

Discussion
Vesicoureteral reflux occurs when the ureteral orifice is more laterally positioned, leading to an altered submucosal tunnel. The ratio of the length of the submucosal tunnel to the diameter of the ureteral orifice determines the likelihood of reflux; the smaller the ratio, the more likely reflux will occur. Treatment of vesicoureteral reflux is suppressive antibiotics with escalation to ureteral reimplantation. Deflux is an intermediate treatment option. Short term results for Deflux is fairly good ranging between 59% and 95% per ureter. The long term results are not well documented. Deflux is dextran microspheres suspended in hyaluronic acid gel. Deflux is injected near the ureteral orifice at endoscopy. On sonography, Deflux appears as uniformly hyperechoic mounds at the bladder base. On CT, Deflux is fluid density; occasionally it can calcify and create confusion with ureterocele and distal ureteral stone. On MRI, Deflux is bright on T2 but not visible on T1, post-gadolinium T1 or MR urography.

Findings
US-rounded uniformly hyperechoic submucosal mounds at the trigone of the urinary bladder. CT-US abnormalities correspond to fluid attenuation lesions.

Reference
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