

1. **Editor:** Please add a running title.

Author: Ureteral Ewing's sarcoma in an elderly woman

2. **Editor:** Please list all authors' names at here.

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Author: The author contributed equally to this work

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Informed consent statement: Informed consent to publish was obtained from the patient

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Author: Telephone:+86-024-83283422 Fax: none

7. **Editor:** Under the heading of Case Presentation, the following seven aspects must be presented in this order:

- 1) Chief complaints;
- 2) History of present illness;
- 3) History of past illness;

- 4) Personal and family history;
- 5) Physical examination upon admission;
- 6) Laboratory examinations e.g., routine blood tests, routine urine tests and urinary sediment examination, routine fecal tests and occult blood test, blood biochemistry, immune indexes, and infection indexes;
- and 7) Imaging examinations e.g., ultrasound, plain abdominal and pelvic CT scan, high-resolution chest CT scan, and head MRI. The patient case presentation should be descriptive, organized chronologically, accurate, salient, and presented in a narrative form.

Author:

Chief complaints

A 69-year-old woman presented with a 10-day history of intermittent left flank pain.

History of present illness

Following impact, she felt frequent urination (5-6 times in the day, and 3 times in the night). Past medical history showed hematuria 1 year ago.

History of past illness

There were no significant comorbidities at admission.

Personal and family history

The patient was a non-smoker, without personal or family history of other diseases.

Physical examination upon admission

No obvious abnormalities in the physical examination.

Laboratory examinations

The results of laboratory studies showed poor renal function with increased creatinine (271 $\mu\text{mol/L}$) and urea (12.98 mmol/L).

Imaging examinations

Computed tomography (CT) (Figure 1) revealed a 1.5 cm soft tissue mass in the left ureteral pelvic segment with left hydronephrosis and ureter dilatation.

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Author:

FINAL DIAGNOSIS

Histopathology examination (Figure 2) revealed a pT2N0M0 tumor 1.5 cm in size composed of small cells with indistinct cell borders, scant cytoplasm and atypia nuclei. Immunohistochemistry demonstrated that the tumor cells were positive for cluster of differentiation 99 (CD99), transducin-like enhancer protein 1, and 70% were positive for Ki67. Diagnosed by the pathology department of our hospital, consider it to be Ewing sarcoma, no metastasis of para-vascular lymph nodes.

TREATMENT

The patient underwent resection of the ureter lesion, end anastomosis and local lymph node dissection.

OUTCOME AND FOLLOW-UP

When taking into account the patient's age and cardiopulmonary function, she was not treated with chemotherapy. Four weeks after surgery, her creatinine level was normal. Three months later, the patient underwent re-examination with CT scans of the chest, abdomen and pelvis, and no recurrence or metastases were found. The patient is still alive.

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