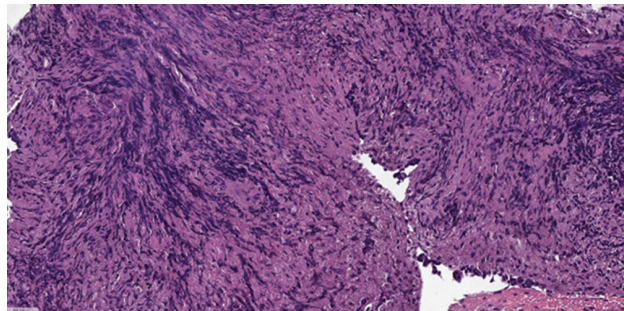


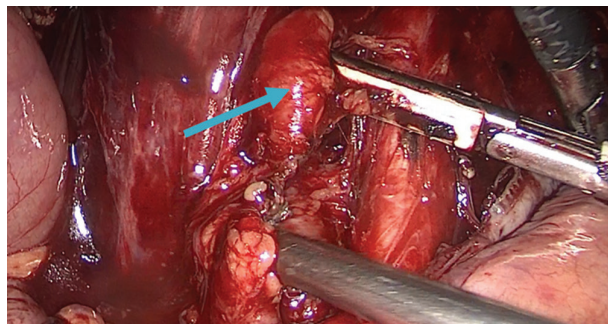
**CASE REPORT**

# A rare clinical observation of ureteral IgG4-related disease in urological practice: A case report

## Supplementary File



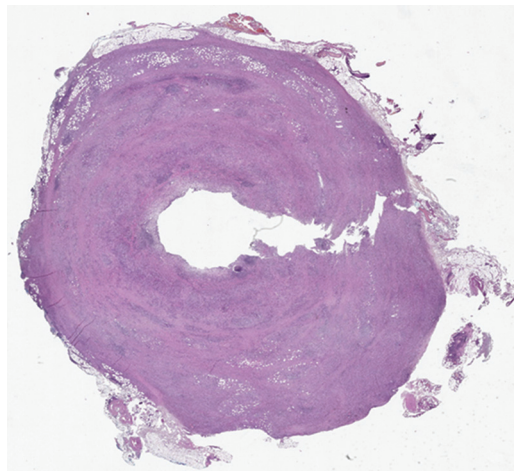
**Figure S1.** Histological examination. Ureteral wall with preserved urothelium and underlying fibrous tissue with full-blooded vessels and diffuse focal lymphoplasmacytic infiltration with histiocytes and eosinophils (hematoxylin and eosin staining, magnification:  $\times 200$ ).



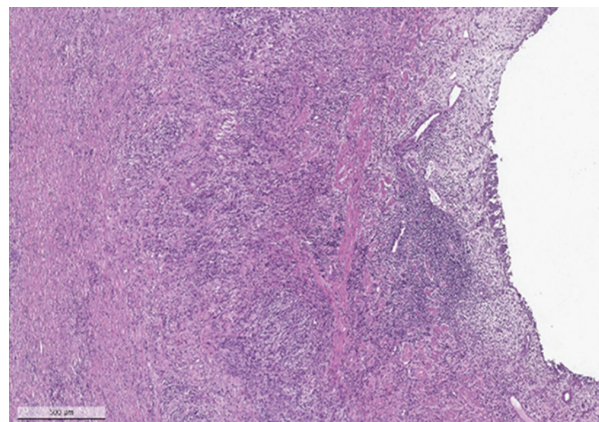
**Figure S2.** Lymph nodes in the left iliac area (indicated by an arrow).



**Figure S3.** Macroscopic view of the excised left kidney with the attached ureter and resected bladder orifice (the ureteral tumor is indicated by an arrow).



**Figure S4.** The ureteral section at the tumor site. The ureter wall is thickening (hematoxylin and eosin staining, magnification:  $\times 400$ ).



**Figure S5.** Ureteral wall displaying typical mucosa (hematoxylin and eosin staining, magnification:  $\times 100$ ).