



URETHRAL CARUNCLE AS A CAUSE OF ACUTE URINARY RETENTION

Dr Nalini Kanta Mohanty

M.Ch Student, Department of Urology, SCB Medical College, Cuttack

Dr Arshad Hasan

M.Ch Student, Department of Urology, SCB Medical College, Cuttack

Dr G.P. Singh

HOD, Department of Urology, SCB Medical College, Cuttack

ABSTRACT Urethral caruncle is a benign vascular tumour which originates from the lip of the external urethral meatus. Mostly seen in postmenopausal women. Urethral caruncle causing acute retention of Urine in women is very rare. We report a 58 year old postmenopausal woman with urethral caruncle complicated with acute urinary retention. 16Fr urethral catheter placed. Pelvic examination revealed a 3x2 cm cystic mass on posterior lip of external urethral meatus. Excision of mass and electrocautery of the base was performed under spinal anaesthesia. Urethral catheter was removed on 6th day of Surgery and local estrogen therapy was begun. The pathological examination confirmed urethral caruncle.

KEYWORDS : Urethral caruncles, Urinary retention, urethral meatus, postmenopausal, electrocautery

INTRODUCTION

Urethral caruncles are the most common benign tumours of the female urethra and occurring mainly in postmenopausal women [1]. It is highly vascular polypoid lesion originating from the posterior wall of the external urethral meatus of women. Usually it is small size and rarely become more than 1 cm. Cause of its origin is not known but it is thought to be associated with hypoestrogenemia. [2]. They are usually asymptomatic and incidentally detected. Sometime it may present with symptoms of painful voiding, urethral bleeding, increased urinary frequency, urgency, & a mass. It may present with acute retention of urine occasionally [3].

CASE REPORT

A 58-year-old postmenopausal female patient, P₃L₃, presented with complains of inability to urinate with severe lower abdominal pain for 6 hrs. She had past H/O straining during micturition & recurrent dysuria for last 3 months. The physical examination revealed bladder distended up to umbilicus.

On local examination 3cm x2cm dark red mass which was soft on palpation, originating from the posterior lip of the external meatus. (Figure-1). Routine haemogram are within normal limit. USG KUB showed thickened Urinary Bladder wall with Post Voidal Residual Urine 640cc. B/L upper tract normal. A 16-Fr per urethral catheter placed. A 17-Fr cystourethroscopy was performed under spinal anaesthesia. The urethroscopic finding consistent with urethral caruncle and cystoscopy findings were normal.

Mass was excised and electrocautery of the base was performed. No complication occurred during or after the operation. The urethral catheter was removed on postoperative day 6. Local estrogen creams were also applied during the postoperative period. The patient begun micturition very easily after the catheter removal. The pathological examination of excised tissue confirmed urethral caruncle

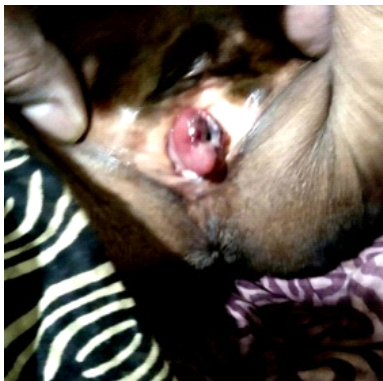


FIG-1



FIG2

DISCUSSION

Urethral caruncle is an inflammatory mass that originates at the rear lip of the external meatus [6]. It contains connective tissue in the centre and covered by urothelial or squamous epithelium [7]. Urethral caruncle can be pedunculated, erythematous lesion and it may bleed very much [6]. A urethral caruncle usually asymptomatic and sometime can present like a problem of cosmesis, painful voiding, urethral bleeding, increased urinary frequency, urgency and a mass [5]. In this patient, urethral caruncle she presented with acute urinary retention which is very rare presentation.

Urethral caruncle may be associated with urethral thrombosis, pseudo neoplastic lesion, lymphoma, clitoral vein thrombosis, urethral polyps, malignant melanoma, carcinoma, intestinal heterotype, angiomatous lesions and distal urethral stenosis. So this requires particular attention and can not be neglected. Treatment options may be topical estrogen, anti-inflammatory agents or surgery. Surgery is done in case of large symptomatic caruncles, uncertain diagnosis, atypical appearances or failure to respond to conservative therapy. Total excision is the best option. In some previous literature it is mentioned that carcinoma (1.6%) or Bowen's disease (0.8%) were found in preoperative diagnosis of urethral caruncle so histopathology should be required in every excised mass [6].

CONCLUSION

A urethral caruncle is one of the rare causes among the causes of urinary retention. Clinical suspicion based on history and physical examinations are necessary for the diagnosis of urethral caruncles. Early diagnosis and treatment are essential to avoid potential complications.

REFERENCES

1. Hertig AT, Gore H, Sect X, FASC. 33. Tumors of the vulva, vagina and uterus, In: .

- Washington, DC; 1960:49.
2. Everett HS, Williams TJ. Urology in the female. In Campbell and Harrison Urology, 3rd edition, vol 3. Philadelphia, PA: Saunders Co; 1970:1957-70.
 3. Tanagho EA, Brant WO, Lue TF. Disorders of the female urethra. In: Tanagho EA, McAninch JW (eds.), Smith's General Urology. 17th ed. San Francisco, McGraw-Hill; 2008:638-44
 4. Becker LE. Urethral caruncle: A herald lesion for distal urethral stenosis? J Natl Med Assoc 1975; 67:22830.
 5. Marshall FC, Uson AC, Melicow MM; Neoplasms and caruncles of the female urethra. Surg Gynecol Obstet., 1960; 4: 723-733.
 6. Yakasai IA, Aji SA, Muhammed YA, Abubakar IS; Unusual presentation of urethral caruncle in a 2 year old child: A case report. Asian Journal of Natural & Applied Sciences, 2012; 1(4):22-26.