



CHOLCHICINE ROLE IN PREVENTING URETHRAL STRICTURE

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KEYWORDS :

INTRODUCTION

Urethral stricture is the most common complication and most difficult condition to treat in urology. Stricture develops due to any urological intervention such as urethral catheterisation, post-TURP, DVIU, Cystoscopy, urethral trauma etc. The urethral stricture was first reported in 1974 after DVIU and after periodic urethral dilations. Scar formation in urethral stricture occurs after the disease initiation occurs after the urethral mucosa lesion and localised infection leading to localised fibrin deposition into tunica albuginea which is followed by scar tissue. This irregular collagen accumulation will eventually lead to the formation of a scar.

METHODS & METHODOLOGY

Data of patients who presented to Dept. of Urology in Index Medical College hospital & research centre with complaints of poor stream of urine, dribbling of urine,

Difficulty in passing the urine, after any urethral procedures like post TURP, Urethral dilation, Urethral catheterization, post internal urethrotomy, DVIU etc.

Procedure

All patients presented to the Urology clinic with symptoms of urethral stricture were underwent Uroflowmetry, IVP, RGU, and MCU for urethral stricture. Colchicine was given to all the patients 1gm/ day for two months and regular follow-up was done and observation of urethral stricture was done as stricture was developed or not in 3 months, 6 months, and 12 months after internal urethrotomy.

Inclusion & Exclusion criteria-

- Urethral stricture after urethral injury was excluded.
- stricture developing post TURP / post internal urethrotomy was included in the study
- Hypersensitivity towards colchicine
- Deranged renal function test (S. Creat >2 mg/dL)
- Haematological disorders.
- Non-compliance of the patient

Evaluation

Information of eligible patients such as comorbidities, aetiologies, preoperative IPSS scoring, results of uroflowmetry and stricture recurrence. Radiological and laboratory results and results from uroflowmetry

RESULTS

The study was conducted on 50 males with the mean age of 62.5 ± 7.5 years. The mean ages of colchicine receivers and non-receivers were 63.2 ± 7.6 and 69.1 ± 7.6 years respectively. The Recurrence rate of urethral stricture found to be significantly lower in colchicine receivers ($P = .044$) as compared to non-receivers. The overall evaluation of recurrence rate of urethral stricture was found to be significantly very low. If there was only one comorbidity ($P = .006$), but rates of recurrence was found to be significantly higher in presence of more than three comorbidities ($P = .010$).

It was observed that there was no significant difference in recurrence rates in patients without comorbidities or with two comorbidities ($P > .05$).