

ACUTE URINARY RETENTION, AN UNCOMMON PRESENTATION OF URETHRAL LEIOMYOMA IN A FEMALE

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PRESENTATION OF CASE

A 26-year-old parous woman presented with acute urinary retention (AUR) to our hospital. History revealed that she had a painless vulval mass for last 18 months, which was associated with straining and spraying during micturition for last one year. During the last one year she had 2-3 episodes of fever with burning micturition with no documented evidence of urinary tract infection. There was no history of trauma or surgery.

DIFFERENTIAL DIAGNOSES

Differential diagnoses of such presentation included urethral diverticulum, vaginal wall cysts (including Skene's gland cysts), urethral prolapse/caruncles, and urethrocoele.

CLINICAL DIAGNOSIS

Patient was catheterised with a 14 Fr Foley catheter and a limited local examination was done at the same. It revealed an oval-shaped mass protruding from the external urethral meatus. [Fig. 1]. Rest of the examination completed at operation theatre under anaesthesia. Before presenting to our hospital patient had Ultrasonography (USG) of abdomen and pelvis done and was normal. All the blood parameters were within normal limit. Urethral polyp was the clinical diagnosis made with above findings.

PATHOLOGICAL DISCUSSION

Following surgical excision histopathological study showed a solid tumour composed of spindle-shaped smooth muscle cells arranged in whirling pattern suggestive of leiomyoma. [Fig. 2]. The immunohistochemistry of the tumour was not performed in the current case as the history was not suggestive.

DISCUSSION OF MANAGEMENT

Prior to excision, pelvic examination and urethrocytoscopy were performed, which revealed a nontender mass of size 5 cm x 3 cm arising from anterior wall of distal urethra at 12 O'clock position. [Fig. 3]. Urinary bladder, vaginal wall, introitus found free of pathology.

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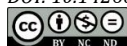
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Transurethral excision of the mass was done with inverted smile incision encircling the mass. [Fig. 4]. The mass was not involved with the urethral sphincter, and the reconstruction was done by careful approximation of defect. Urethra was calibrated to 24 Fr and a 16 Fr Foley catheter was placed. She was discharged with per urethral catheter on 2nd post-operative day (POD) which was removed on 5th POD. On 6 months of followup, she had no voiding problem or signs of recurrence.



Figure 1. Showing an Oval-shaped Mass Protruding from Urethral Meatus

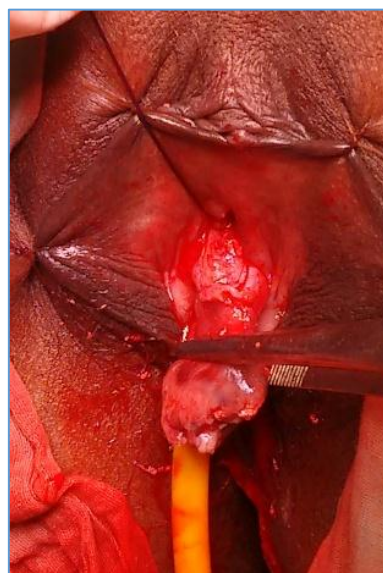


Figure 2. Intraoperative Photograph of Excision of the Mass



Figure 3. Dimension of the Excised Mass which is Around 5 cm X 3 cm

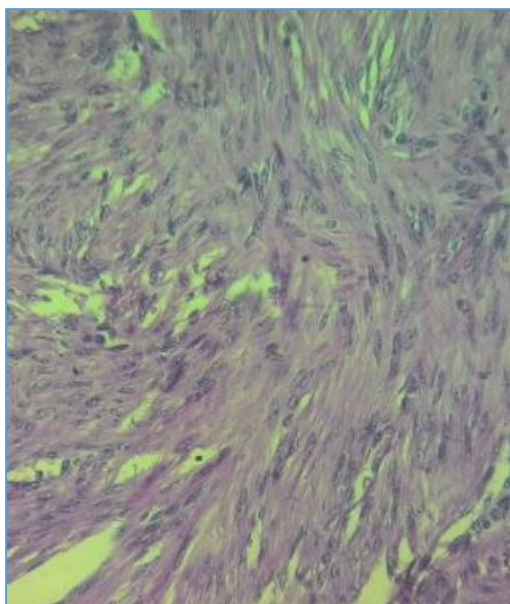


Figure 4. Photomicrograph Showing Spindle-shaped Smooth muscle cells Arranged in Whirling Pattern

FINAL DIAGNOSIS

The final diagnosis in this patient was Leiomyoma of urethra which was causing obstructed voiding and ultimately AUR. Differential diagnosis should be excluded by careful clinical examination, urethroscopy, and radiological examinations.^[1] Leiomyoma of urethra though a rare benign smooth muscle tumour, mostly found in females during third and fourth decade of life.^[2,3,4] Common presentation of urethral leiomyoma include urinary tract infection (64.3%), mass (50%), and dyspareunia, but presenting with urinary obstruction is rare.^[5] Again presentation with acute urinary retention is rarest as in the current case. It usually involves the proximal part of urethra (80%), but in the present case distal part of urethra was involved.^[6]

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