

Urethral Polyp Causing Dysuria in a Young Woman

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Abstract

Urethral polyps are the most common benign tumors of the female urethra. Most of them are found in postmenopausal women and are uncommon in young women. In this report, we present a case of a 29-year-old patient with the urethral polyp, as well as a literature review.

Keywords: *Urethral polyps; Dysuria; Malignancy; Urologic disorder*

1. Introduction

Urethral polyp or caruncle is a benign polypoid mass of the urethral meatus, it mostly affects the menopausal woman, often the lesion carries a challenging clinical differential diagnosis that includes malignancy, a conclusive association with malignancy, urologic disorder, or systemic disease has not been established.

2. Presentation of the Case

A young woman aged 29, married and mother of two children, never operated on, without any co-morbidity, the patient has no toxic and non-smoking habits, she has been taking the estrogen-progestin pill for four years, the patient has been referred to our hospital for dysuria accompanied by urethral bleeding without any notion of repeatable urinary infection, she reports white leucorrhoea without any foul odor or pruritus for which she has taken antifungal treatment with good improvement. On a gynecological examination, we found a mass of about one centimeter, pinkish red in color, smooth with a clear limit, flexible on palpation, and spread over the entire circumference of the urethral meatus evolving since one year (FIG. 1). Bimanual pelvic examination was normal. The patient has never received topical treatment for her lesion. Ultrasonography of the urinary tract did not reveal any significant changes. Cytobacteriological examination of urine was sterile.

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FIG. 1. Urethral polyp occupying the entire meatus.

In the patient under spinal anesthesia, complete resection of the tumor was performed with cold blade and flashing with electric scalpel, for therapeutic and histological examination. A meatoplasty was performed and a bladder catheter was placed to prevent urethral shrinkage. On the basis of clinical and histopathological examinations which showed on two biopsy fragments: a hyperplastic coating in ulcerated squamous metaplasia in places, the underlying chorion is congestive, site of a dense inflammatory infiltration essentially lymphocytic, producing a lymphoid follicle in a place with vascular hyperplasia, concluding to a non-specific inflammatory polyp-like without malignancy, a diagnosis of urethral polyp has been made. One week after the operation, the catheter was removed, with good healing and a normal urine stream. Our patient did not have a recurrence and had no complications after one year of follow-up.

3. Discussion

Urethral polyps are the most common benign tumors of the urethra in women, there are no precise data on the incidence of this condition, because the notion "urethral polyp" is in fact indefinite, while the most incident formations in the female urethra are called caruncles, polyp-like growth in the posterior lip of the external urethral meatus, in which microscopic studies detect epithelial hyperplasia, high numbers of vessels, and fibrosis [1].

The precise etiology is unknown, but many theory have been proposed: Congestion of the urethra, local circulatory disorders, urethral irritation and trauma, infectious, estrogen deficiency may affect the urethral epithelium, muscular wall, and submucosa [2].

The most common infectious agent in patients with external urethral polyps was *U. urealyticum*; The results obtained by PCR: *U. urealyticum* as a mono-infection was observed in 70% patients, and its combination with *C. trachomatis*, *T. vaginalis*, and *M. genitalium* was found in 13.3%, 7.8%, and 8.9% cases, respectively [3]. In our case, we did not find any germs in cytobacteriological examination of urine.

Ultrastructural organization of the epithelium of external urethra polyps in women with urogenital infection is characterized by significant heterogeneity manifesting in combination of hyperplastic and metaplastic changes and signs of cytodestruction [3].

One series among the large series of the literature, of 41 female urethral caruncle consultants, reported an average age of 68 years, 44% had the lesion at the posterior wall of the urethra, the dominant symptom is pain (37%), hematuria (27%) and then dysuria (20%), 30% of women were asymptomatic.

Cystourethroscopy, or flexible urethroscopy may be considered the gold standard techniques for the diagnosis of urethral lesions. The translabial ultrasonographic evaluation of the urethra and the periurethral space may be a multidisciplinary, adequate, easy, cheap, fast, and non-invasive. We did not found any other lesion in our patient [4]. Magnetic resonance imaging can accurately diagnose a wide spectrum of urethral, periurethral abnormalities and provide a road map for surgeons, dynamic MRI allows functional assessment of urethral mobility [5].

The treatment of choice for urethral polyps is endoscopic resection and fulguration of polyp base for prevention of postoperative urethral bleeding and polyp recurrence. The application of estrogens in adults and topical steroids in children is described in the literature, but does not always have good results [6].

The open approach was chosen for this patient because of the proximity of the lesion to the external urethral meatus. There was no recurrence of the lesion. The prognosis of such lesions is excellent and there is no malignant degeneration [7]. Meatic urethral lesions in women should be removed for histological examination, so as not to ignore a malignant lesion that will have serious consequences on the patient.

4. Conclusions

Urethral caruncles in young women are uncommon and the risk of urethral cancer is low during this period. Chronic inflammation is a triggering factor. In our case, the taking of estrogen over the long term may be involved in the genesis of polyp. The total excision was carried out with a good evolution.

5. Contributions of the Authors

Youness Chakir reviewed the main literature under the supervision of the authors, head of the department: Professor Rachid Aboutaieb.

6. Declaration of Conflicting Interests

No one.

7. Funding

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8. Statement

The patient has given his consent.

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