

Multiple Urethral polyps: an Unusual presentation of Rhinosporidiosis

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Abstract: Urethral Rhinosporidiosis is a rare occurrence. A middle aged male presented with polypoidal mass at urethral meatus. Urethroscopy revealed a pedunculated polypoidal mass arising from urethral wall proximal to navicular fossa with two other smaller lesions. Surface was granular, red with presence of multiple yellow pin head like spots. After ventral meatotomy, distal larger lesions were excised and base cauterized. Other proximal smaller lesion was excised with monopolar resectoscope loop. Histopathology showed numerous sporangia containing endospores in various stages of maturation, confirming Rhinosporidiosis. There was no recurrence during ten months of follow up. Urethral Rhinosporidiosis has high rate of recurrence due to inadequate excision, autoinoculation of spores during surgery or reinfection. But careful endoscopic excision of smaller lesions can be done safely which obviates the need of laying open of the urethra in case of multiple or proximal urethral lesions.

Keywords: Polyp, Rhinosporidiosis, Rhinosporidium seeberi, Urethra.

INTRODUCTION

Rhinosporidiosis is a chronic granulomatous infection of the mucous membranes caused by *Rhinosporidium seeberi*. Highest incidences of the disease are reported from India and Sri Lanka. Common sites involved are nose-nasopharynx (70%) and eyes (15%). Rare sites of involvement are lips; palate, maxillary antrum, epiglottis, larynx, trachea, bronchus, ear, scalp, vulva, penis, rectum, skin and bone[1,2]. Sporadic cases of urethral Rhinosporidiosis have been reported. Herein, we report a case of recurrent urethral Rhinosporidiosis which presented as multiple polyps and was managed by open excision of the lesion as well as endoscopic resection.

CASE REPORT

A 63 years old male patient presented with protrusion of red fleshy mass at the urethral meatus and splaying of urine stream during urination. He had no other urinary symptoms. He previously had a mass of similar appearance 2 years back, which was excised. But no medical records of that episode were available with the patient. Physical examination revealed a polyp like lesion protruding from urethral meatus [Figure 1 (a), (b)]. Urethroscopy revealed a pedunculated polypoid like lesion with multiple other smaller lesions arising from urethral wall just proximal to navicular fossa. Surface was granular, red in colour with multiple yellowish pin head sized spots [Figure 1 (c)].



**Fig-1a&b: Polypoidal lesion protruding through the external urethral meatus
1c: Cystoscopic view showing multiple polypoidal lesion in the urethra**

After ventral meatotomy, larger pedunculated lesion and another smaller distal lesion were excised and base cauterized with electrocautery. Other smaller proximal lesion was excised with monopolar

resectoscope loop and base cauterized. Histopathology showed numerous thick walled sporangia containing endospores confirming *Rhinosporidium seeberi* [Figure 2]. There was no recurrence after one year of follow up.

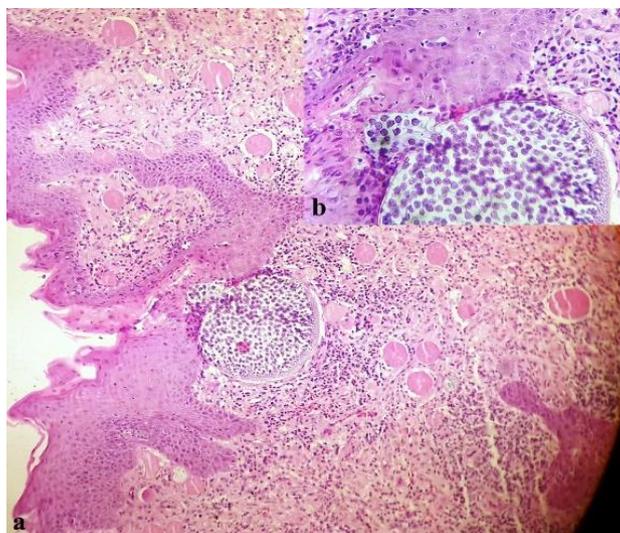


Fig-2: Histopathological picture showing sporangia. a) H&E X 400 b) H&E X 40

DISCUSSION

Urethral rhinosporidiosis is uncommon. It mainly affects young males[3]. Mode of infection is through the traumatised epithelium during contact with stagnant water, which is the natural habitat of *Rhinosporidium seeberi*. Urethral inoculation by trauma from *Rhinosporidium* contaminated stones used for mopping up residual drops of urine has been described[2]. Transmission by sexual intercourse is controversial[4]. Although genitourinary rhinosporidiosis frequently presents as pinkish friable polypoidal mass[3,4,6-8], there has also been report of invasive urethral rhinosporidiosis presenting with urethral fistula[5]. Common mode of treatment is surgical excision of lesion with diathermy coagulation of the base[3,4,6]. For deep seated lesion of urethra or multiple lesions, the urethra has been layed open and delayed reconstruction has been done to excise all lesions. Feasibility of endoscopic resection and electrofulguration of the base of the lesion has been reported[7,8]. We used combined open excision and endoscopic resection of lesions in our case to prevent morbidity of laying open of the urethra and delayed urethral reconstruction. Recurrence rate is 25%, due to inadequate excision, autoinoculation of spores during surgery or reinfection[2,6]. Dapsone can be used as adjuvant to surgery due to anti-rhinosporidal effect. But till now its use in urethral rhinosporidiosis has not been reported.

CONCLUSION

Urethral rhinosporidiosis is a rare entity. Complete excision of the lesions and electrocoagulation

of the base decreases chances of recurrence. Endoscopic excision of small multiple urethral lesions can be done.

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