

Strangulated urethral prolapse in a postmenopausal woman: case report

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Abstract: Urethral prolapse is often reported in young girls and postmenopausal women in adult population. We present a case of strangulated urethral prolapse in a 68-year-old postmenopausal woman. She was referred to hospital because of bleeding from urethral mass and haematuria. Urogenital examination revealed an approximately 25 mm protruded urethral mucosa with edematous appearance. There were bleeding sites among patchy purple thrombotic areas suggesting strangulation. The protruded urethral segment was resected and the new urethral meatus was formed with relevant sutures. Histopathological examination revealed stratified squamous epithelium with profuse edematous changes and over-dilated veins beneath the mucosa. Postoperative period was uneventful.

Keywords: Menopause, Urethral prolapse, haematuria

INTRODUCTION

Protrusion of urethra throughout the external meatus, namely urethral prolapse, has been reported in young girls and postmenopausal women in the adult population (1-4). This report presents a case of strangulated urethral prolapse in a postmenopausal woman.

CASE PRESENTATION

A sixty-eight year old white female patient was referred to urology clinics because of haematuria and bleeding from an introital mass. Urogenital examination revealed an approximately 25 mm protruded urethral mucosa with edematous appearance. There were bleeding sites among patchy purple thrombotic areas suggesting strangulation (Figure 1).



Fig- 1: Edematous appearance of the prolapsed mucosa and mucosal bleeding sites among patchy purple thrombotic areas

The vaginal and periurethral mucosa seemed atrophic. The patient had menopause 23 years ago and was not on any replacement medication. Abdominal examination was normal with a midline incision scar for an intestinal resection about a year ago because of ileus. Urinalysis confirmed haematuria and urine culture remained negative. Complete blood count revealed

slightly decreased hemoglobin and hematocrit levels of 10.8 g/dL and 32%, respectively. The coagulation tests were within normal ranges. Pelvic ultrasonography and computed tomography revealed essentially normal findings but edematous appearance of urethra starting from the internal meatus (Figure 2).

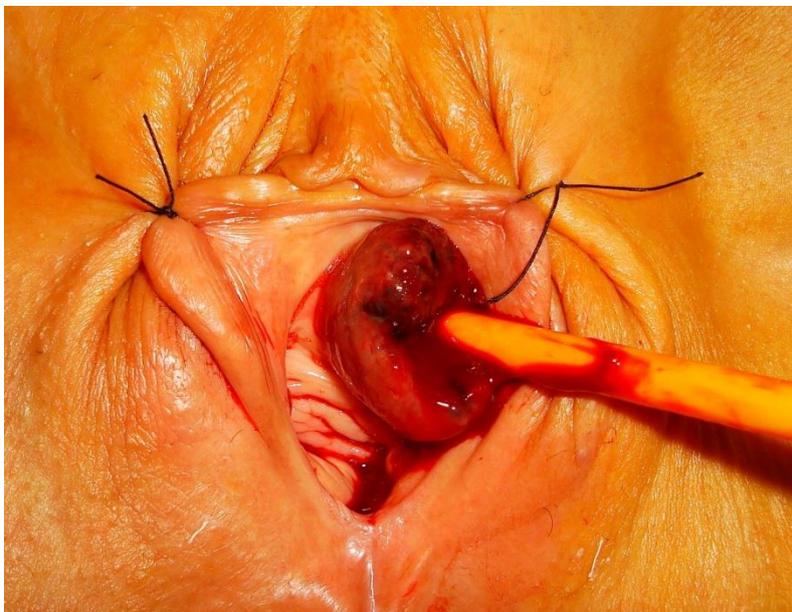


Fig-2: Prolapsed urethral mucosa surrounding the catheter

The protruded urethral mucosa circumferentially surrounded the catheter when the urethra was catheterized (Figure 3). The protruded urethra was resected circumferentially. The remaining mucosal edges of the urethra were approximated with 4-0 polyglactin sutures to the adjacent introital mucosa

under microscopic magnification. The postoperative period was uneventful and the indwelling 20F Foley urethral catheter was removed after a week. Histopathological examination of the specimen revealed stratified squamous epithelium with profuse edematous changes and over-dilated veins beneath the mucosa.

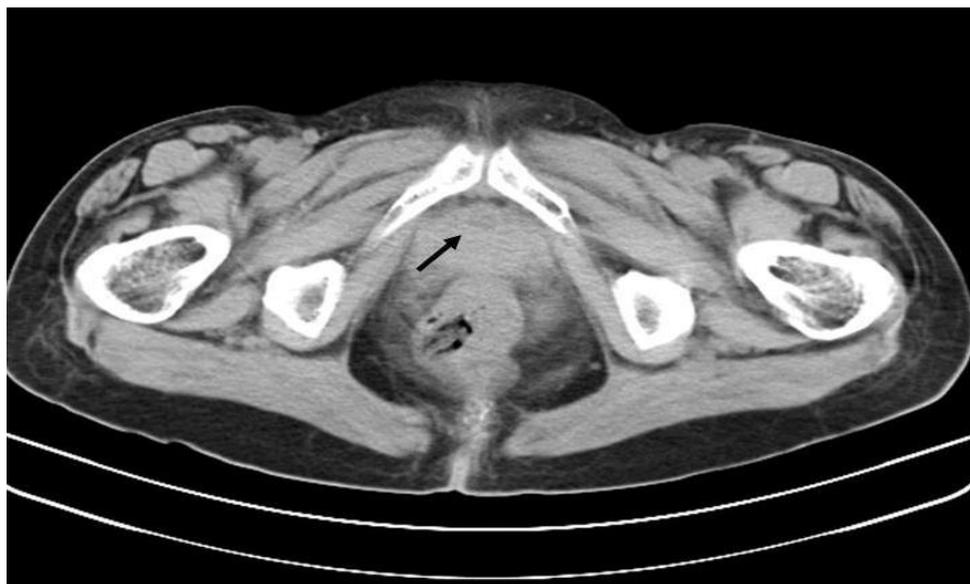


Fig-3: Edematous appearance of urethra in the computed tomogram

DISCUSSION

Being a rare condition, urethral prolapse has been mainly reported in young girls and postmenopausal women in the adult population [1-4]. However, a case of urethral prolapse has also been reported in the postpartum period (5). Several mechanisms have been suggested to take place in the pathophysiology of urethral prolapse, among which estrogen deficiency related changes like laxity of periurethral fascia, mucosal redundancy, and vaginal atrophy; poor bladder support, urethral malposition and sub mucosal weakness can be listed [1-4].

In addition, there are some iatrogenic cases in whom bulking agents have been injected to restore continence and urethral prolapse was suggested to develop due to disruption of support between mucosa and sub mucosa [6, 7]. This presented case typically appears to be one of those cases that bear characteristics of estrogen deficiency. Although estrogen ointments may provide some efficacy, the treatment of severe urethral prolapse in the elderly is simple excision and meatoplasty in most of the cases as defined in this particular patient [4, 7].

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