

## Urethral Mucosal Prolapse in Girls in Teaching Hospitals “Hospital Du Mali”: A Series of 4 Cases

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**Abstract:** During this study we observed 4 patients with urethral mucosal prolapse over a period of 3 years. The main reason for the consultation in all the patients was the mild genital haemorrhage. The treatment combined surgical excision and stitching with ambulatory cares.

No complication was observed until now.

**Keywords:** Urethral, Mucosal, Prolapse, In Girls, surgery.

### INTRODUCTION

The urethral mucosal prolapse is a benign pathology. It is very often observed in black girls under the age of puberty. The slide and eversion of the terminal urethral mucosa will result in the constitution of pseudo-tumoral and circular protrusion, which is voluminous, pink or purplish, oedematous with abundant bleeding, and the genital haemorrhage is very often revealing. [2, 6, 12].

This pathology is not well known and causes a lot of diagnostic issues with other causes of genital bleeding, vulvar protruding processingirls, rapes and trauma [10, 3].

We have as goal to report our experience after three years of working on this series of cases in two teaching hospitals at Bamako.

### OBSERVATIONS

#### Observation 1

It was a girl of 5 years old without any pathologic antecedent received in consultation for genital bleeding of about 20 days duration without any notion of trauma and coughing in recurrence.

The clinical examination noticed a pseudo-tumoral, circumferential roll, which was pink, oedematous and bleeding in contact. The diagnosis of urethral mucosal prolapse was set. Some preoperative tests have been done in all our patients including: blood cell counts, blood crasistests, blood groups, Rhesus factor and urines cyto bacteriological tests; but no anomaly was detected.

The surgical excision and stitching under general anaesthesia was done around a urethral catheter Folley size 8 in situ with ambulatory cares. The patient was discharged the same day after the first micturition. No complication was observed after two years.

#### Observation 2

It was a girl of 8 years old without any pathologic antecedent referred by the paediatric department of Teaching hospital “Hopital Mere-enfant le Luxembourg” for a urethral tumefaction and bleeding for 6 months and a genital bleeding associated after 3 months. There was no notion of trauma and chronic constipation.

In clinical examination we noticed a voluminous and circular protrusion of the urethra. The diagnosis of a urethral mucosal prolapse was reported and preoperative tests were done. Surgical excision and stitching under general anaesthesia were done around a urethral catheter Foley size 10 in situ. She was discharged the same day after the first micturition. The follow up was simple and there was no complication after one year back.

#### Observation 3

It was a girl of 3 years old without any pathologic antecedent received in consultation for a genital polypus. There were no other joined signs. The

clinical examination noticed a circumferential and pseudo-tumoral and oedematous protrusion. The diagnosis of a urethral mucosal prolapse was set.

Surgical excision under general anaesthesia was realised around a urethral catheter Folley size 8 in situ. She was discharged the same day after the first micturition. The follow up was simple without any complication for 6 months.

#### Observation 4

It was about a girl of 7 years old without any pathologic antecedent received in consultation for genital bleeding. There were no other associated signs.

The clinical examination noticed a circular and pseudo-tumoral and oedematous protrusion.

The diagnosis of a urethral mucosal prolapse was made.

The surgical excision and stitching under general anaesthesia was realised with a urethral catheter size 8 in situ. She was discharged the same day after the first micturition.

The follow up was simple without any complication for 6 months.

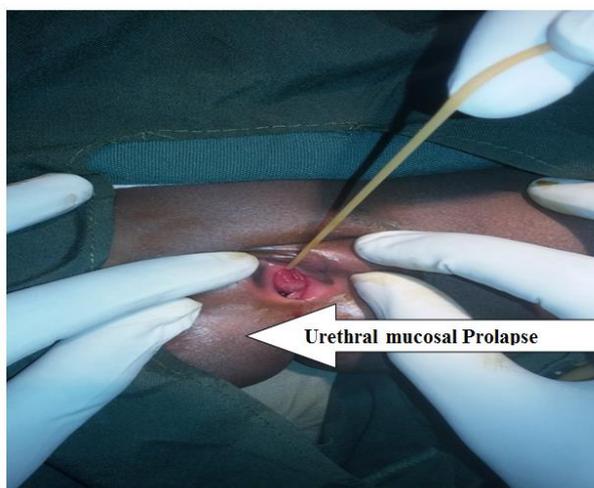


Fig-1: Vue per-operator of the urethral mucosal Prolapse

#### DISCUSSION

The urethral mucosal prolapse in girls is still ignored by general practitioners [10, 3, 2]. This ignorance may be explained by the reason of various consultations. This pathology is frequent among black Africans within the groups of age under puberty as identified in our experience [4, 10, 6]. It is less frequent in black Americans population and occurs during adolescence [6, 10, 9, 11]. Genital haemorrhage represents the main functional symptomatology [6, 10, 13]. Surgical excision and stitching were practiced in our experience with all the patients. This practice revolutionizes our management which required in previous studies an admission of several days [6, 2]. We have not observed any complication such as meatus stricture, accurate urine retention and haemorrhagic urethritis [10, 2]. This method is simple to realise contrary to what is recommended by Devine and Kessel [5]. There also some methods like cryosurgery and the medical treatment which can be sufficient in the cases diagnosed early [4,2].

#### Some etiologies were found

- Predisposition of black population,
- The mechanical slide caused by anterior abdominal wall and vesical neck [3]

- The abdominal high pressures: coughing, being in tears, constipation [1,10].
- Oestrogenic deficit [10, 9, 7].
- Intravaginal foreign bodies, vaginitis, masturbation.
- None of our patients was in puberty; the same report was made by most authors.
- According to our study the cough and the constipation are contributing factors.
- Some authors described other contributing factors such as infections [10, 5, 8].

#### CONCLUSION

The urethral mucosal prolapse is a benign disease. In presence of any genital bleeding in girls' prepubescent the diagnosis of urethral mucosal prolapse should be made. Surgical excision and stitching with ambulatory cares have been the approach of treatment in our series.

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