

## Urethral Prolapse in a Post-Menopausal Woman at the Sominé Dolo Hospital in Mopti (Mali)

Mory Kone<sup>1\*</sup>, Dramane Cisse<sup>1</sup>, Djibril Traore<sup>1</sup>, Youssouf Fofana<sup>2</sup>, Thioukany David Théra<sup>1</sup>, Souleymane Diaby<sup>1</sup>

<sup>1</sup>Surgery Department, Sominé Dolo Hospital (Mopti)

<sup>2</sup>Medicine Department, Sominé Dolo Hospital (Mopti)

DOI: [10.36347/sasjs.2023.v09i11.013](https://doi.org/10.36347/sasjs.2023.v09i11.013)

| Received: 14.10.2023 | Accepted: 20.11.2023 | Published: 23.11.2023

\*Corresponding author: Mory Kone

Surgery Department, Sominé Dolo Hospital (Mopti)

### Abstract

### Case Report

Urethral mucosal prolapse is a rare and benign condition, which consists of a circular eversion of the distal urethral mucosa through the urinary meatus. It occurs most often in prepubertal and postmenopausal women for whom lack of estrogen and poor pelvic support remain the predisposing factors. Its presence in the post-menopausal period is rare. We report a case of urethral prolapse in a postmenopausal woman at the Sominé Dolo hospital in Mopti who presented with persistent urinary symptoms. We present a case of urethral prolapse observed in a 66-year-old woman referred to the urology consultation and who presented recurrent urinary symptoms with multiple treatments based on antibiotics and medicinal plants without success for a year. Physical examination noted a circular, non-reducible and non-painful swelling at the level of the urethral meatus with bleeding on contact, consistent with urethral prolapse. The option of surgical excision was discussed with the patient. The patient underwent surgery and the postoperative course was simple.

**Keywords:** prolapse of the urethral mucosa-postmenopause, Mopti, Mali.

**Copyright © 2023 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

Urethral mucosal prolapse is a rare and benign condition, which consists of a circular eversion of the distal urethral mucosa through the urinary meatus. It occurs most often in prepubertal and postmenopausal women for whom lack of estrogen and poor pelvic support remain the predisposing factors [1, 2]. It was first described by Solingen in 1732 [3]. It can present asymptotically, with vaginal bleeding, dysuria, urinary retention and palpable vaginal mass [4]. The complication is prolapse thrombosis. The diagnosis is clinical, by observing a mass protruding into the urethra. Urethral prolapse must be differentiated from other pathologies such as urethral caruncle, prolapsed ureterocele and urethral cancer [1]. Two treatment options are possible: conservative treatment based on estrogen creams, topical antibiotic therapy and surgical treatment which consists of circumferential excision of the prolapsed urethral mucosa [5]. Its presence in the post-menopausal period is rare. We report a case of urethral prolapse in a postmenopausal woman at the

Sominé Dolo hospital in Mopti who presented with persistent urinary symptoms.

## OBSERVATION

We present a case of urethral prolapse observed in a 66-year-old woman referred to the urology consultation and who presented recurrent urinary symptoms with multiple treatments based on antibiotics and medicinal plants without success for a year. The patient has no known medical or surgical history. Her obstetric history noted the presence of five vaginal deliveries and menopause occurring at the age of 46. Physical examination noted a circular, non-reducible and non-painful swelling at the level of the urethral meatus with bleeding on contact, consistent with urethral prolapse. The remainder of the physical examination is unremarkable.

Abdominopelvic ultrasound showed no other abnormalities. The option of surgical excision was discussed with the patient. The patient was operated on and the postoperative course was simple.



**Figure: prolapse of the urethral mucosa in a postmenopausal woman**

## DISCUSSION

To our knowledge, this is the first case of urethral prolapse in a post-menopausal woman who presented with persistent urinary symptoms described at the Sominé Dolo hospital in Mopti.

Urethral prolapse is a rare pathology which consists of a circular eversion of the mucosa of the distal urethra. It is observed in prepubertal and postmenopausal women. It may present asymptotically, with vaginal bleeding, dysuria, urinary retention and palpable vaginal mass. The complication is prolapse thrombosis. Two treatment options are possible: conservative treatment which consists of applying estrogen-based creams and surgical treatment. In our case we chose surgical treatment which gave good results. The surgery was performed using the four-quadrant excision technique [5]. The base of the prolapsed mucosa was defined and excised circumferentially around a Foley catheter. The healthy margin of the urethral mucosa was sutured to the vestibule using absorbable sutures (size 4-0) at the 12, 2, 4, 6, 8 and 10 o'clock positions to obtain a mucocutaneous anastomosis.

Several studies have shown a high success rate for these interventions with a lower recurrence rate, a higher cure rate and therefore rapid relief of symptoms compared to conservative medical management. Yi Wei *et al.*, found that 84% of cases of urethral prolapse (75/89 girls younger than 16 years) were successfully treated with surgery [6]. In another study reported by Ballouhey *et al.*, all operated patients did not have a recurrence after an average follow-up of 28 months [7]. Similarly, Herzberg *et al.*, reported the case of 24 girls (mean age 4.9 years) presenting with bleeding and 88% of them underwent surgical repair with good results [8].

## CONCLUSION

Urethral prolapse should be considered in any postmenopausal woman who presents with persistent urinary symptoms. Surgical treatment in all cases is good with relief of symptoms and reduction in the recurrence rate.

## BIBLIOGRAPHIC REFERENCES

1. Chaudhary, K., Panda, A., & Devasia, A. (2018). Spontaneous irreducible urethral prolapse in a postmenopausal woman: a rare differential diagnosis of an intralabial mass. *International Urogynecology Journal*, 29, 1067-1068.
2. Green, J., Brodie, A., & Tassadaq, T. (2017). A rare case of urethral prolapse in a postmenopausal woman. *Case Reports*, 2017, bcr-2017.
3. Valerie, E., Gilchrist, B. F., Frischer, J., Scriven, R., Klotz, D. H., & Ramenofsky, M. L. (1999). Diagnosis and treatment of urethral prolapse in children. *Urology*, 54(6), 1082-1084.
4. Klein, I., Dekel, Y., & Stein, A. (2014). Spontaneous postmenopausal urethral prolapse treated surgically and successfully. *Case Reports in Urology*, 2014.
5. Sharma, A., Garg, G., Singh, B. P., & Pandey, S. (2018). Strangulated urethral prolapse in a postmenopausal woman presenting as acute urinary retention. *Case Reports*, 2018, bcr-2018.
6. Wei, Y., Wu, S. D., Lin, T., He, D. W., Li, X. L., & Wei, G. H. (2017). Diagnosis and treatment of urethral prolapse in children: 16 years' experience with 89 Chinese girls. *Arab Journal of Urology*, 15(3), 248-253.
7. Ballouhey, Q., Galinier, P., Gryn, A., Grimaudo, A., Pienkowski, C., & Fourcade, L. (2014). Benefits of primary surgical resection for symptomatic urethral prolapse in children. *Journal of Pediatric Urology*, 10(1), 94-97.
8. Anveden-Hertzberg, L. O. T. T. A., GAUDERER, M. W., & ELDER, J. S. (1995). Urethral prolapse: an often misdiagnosed cause of urogenital bleeding in girls. *Pediatric emergency care*, 11(4), 212-214.