Spontan Postmenopozal Üretral Prolapsus

Spontaneous postmenopausal urethral prolapse

Mustafa Sofikerim,
Assist., Prof., MD.,
Department of Urology,
Erciyes University Medical Faculty,
mustafasofikerim@hotmail.com

Ahmet Gökçe,
Dr., MD.,
Department of Urology,
Erciyes University Medical Faculty
aagokce@hotmail.com

Oğuz Ekmekçioğlu,
Assoc., Prof., MD.,
Department of Urology,
Erciyes University Medical Faculty
oguze@erciyes.edu.tr

Abstract
Urethral prolapse occurs commonly in premenarcheal girls, and is also occasionally seen in postmenopausal women. This is a case report of strangulated urethral prolapse in a 63-year-old postmenopausal white woman. The prolapsed portion of the urethral mucosa was removed by surgical excision. The patient was well on her postoperative control.
Key Words: **Postmenopausal; Prolapse;Urethra.**

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Özet
Üretra prolapsusu genellikle menarş öncesi kızlarda görülür ancak bazen postmenopozal kadınlarda da görülebilir. Bu olgu sunumu 63 yaşında postmenopozal bir kadında oluşan strangüle üretral prolapsusu konu almaktadır. Üretranın prolapse olan kısmı cerrahi olarak çıkartıldı. Ameliyat sonrası dönemde hasta sağlıklı olarak hayatını devam ettirdi. Ameliyat ile ilgili herhangi bir sorun yaşanmadı.
Anahtar kelimeler: **Postmenopozal; Prolapsus; Üretra.**

Submitted : August 21, 2006
Revised : September 08, 2006
Accepted : October 10, 2006

Corresponding Author:
Mustafa Sofikerim,
Department of Urology
Erciyes University Medical Faculty
Kayseri,Turkey

Telephone : +91 -xxx
E-mail : mustafasofikerim@hotmail.com

Introduction

The eversion of urethral mucosa through the meatus is defined as the urethral prolapse. Urethral prolapse in female patients is a rare event. Urethral prolapse occurs commonly in premenarcheal girls, and is also occasionally seen in postmenopausal women1. The presence of urethral canal in the centre of the swelling tissue is pathognomonic. Conservative treatment is the first choice in young females but surgical excision may be necessary in strangulated urethral prolapse2. This is a rarely seen case of spontaneous strangulated urethral prolapse in a a 63-year-old postmenopausal white woman.

Case Report

A 63 year-old female patient was admitted to our outpatient clinics with a history of severe dysuria, pain in vulvar region for lasting 3 days. She didn't have symptoms related to bladder outlet obstruction before her present complaint. In her past medical history, she had one vaginal delivery. Physical examination revelaed a rounded 1,5x2,5 cm sized strangulated mass occupying the situation of urethral orifice and it was tender on touching (Figure 1). Initially an 18 F Foley catheter was inserted, sample for urinalysis was drawn. The urinalysis was normal. It was found to be difficult to reduce the prolapse because it was tightly constricted at its neck so the surgical excision of the urethral prolapse over Foley catheter was done. The mucosal edges were sutured to the vaginal mucosa with 4.0 vicryl. The patient was discharged the following day. The catheter was removed 4 days after the operation. There was no evidence of urethral prolapse the mucosa was well on inspection on her postoperative control (Figure 2). Voiding was normal on her control. She was put on local application of estrogen cream continued for 6 weeks. The pathologic examination of the resected specimen revealed marked vascular dilation and partial thromboformation involving mucosal and submucosal layers.

Discussion

The etiology of urethral prolapse is unknown. It has been attributed to undue laxity of the submucous connective tissue in association with episodic increases in the intraabdominal pressure2. In elderly women, frequent child bearing and laxity of tissues predispose to prolapse after any unusual strain. In these elderly postmenopausal women and premenarcheal females estrogen deficiency may play a role in resulting of laxity of periurethral tissues[3]. Neuromuscular disorders and surgical or nonsurgical trauma have also been explained to be the causes of urethral prolapse4. Urethral cysts, periurethral abcess, cystocele, urethral diverticulum and sarcoma of the urethra should be considered in the differential diagnosis of urethral prolapse4. In our patient, there is no evidence of incresead intraabdominal pressure and any other etiologic factor that lead to urethral prolapse. Postmenopausal low estrogen may have been the etiology for spontaneous urethral prolapse in our case. There are various treatment modalities for urethral prolapse. Conservative treatment may be the choice for younger patients. For elderly patients, conservative treatment can be tried but is often unsuccessful3. Local anesthesia followed by manual reduction may be tried in non-strangulated cases. More invasive treatment includes resection and cryotherapy. Annular necrosis is seen after cyrotherapy and this leads to healing of prolapsed tissue. The definitive therapy is surgical resection due to minimal complications and decreased incidence of recurrences3. We believe that, in elderly patients, surgery should be first choice with strangulated urethral prolapse due to venous obstruction.

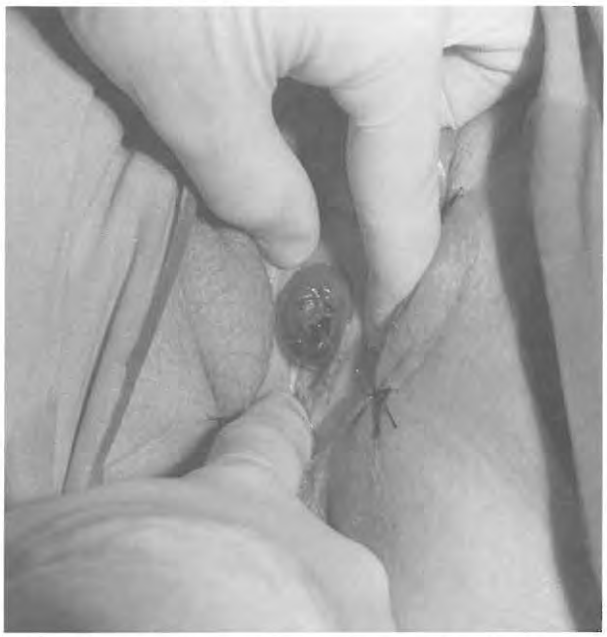

Figure 1- Presentation of strangulated urethral prolapse

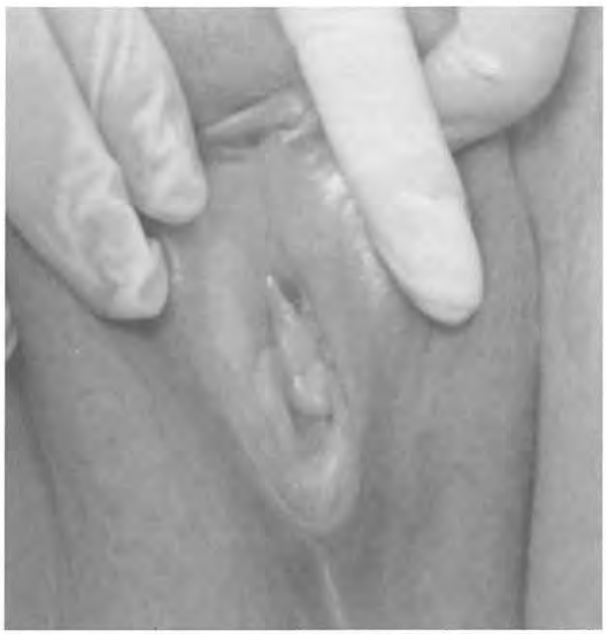

Figure 2- The urethra after surgical resection

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