

URETHRAL POLYP

Muhammad Amin, Ahmed Swaleh

Advanced Radiology Clinic (Pvt.) Ltd., Karachi, Pakistan.

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Introduction

Urethral polyp is a rare finding and cause of bladder outlet obstruction in young children. They are usually benign fibroepithelial lesions. Diagnosis is made by micturating cystourethrogram and cystoscopy. A case of urethral polyp in 4 years old male child is reported.

Case Report

A 4 year old male child was referred to our clinic for micturating cystourethrogram examination to rule out polyp or diverticulum at bladder neck by a pediatric surgeon. Previously he was operated for mass obstructing bladder neck a year ago and biopsy was inconclusive, the unsuccessful removal attempted. Child had complaints of interrupted stream of urine and difficulty in passing urine.

Radiographic Features

There was thickening of urinary bladder walls and multiple small diverticulae were present. No filling defect seen in urinary bladder. No evidence of vesicoureteric reflux was seen. Films during micturation revealed 1.6 x 0.8 cm large well defined filling defect at the junction of anterior and posterior urethra, attached to the dorsal wall of the prostatic urethra by a stalk measuring 1.8 cm in length all these findings represented urethral polyp. This polyp was causing obstruction resulting in moderate dilatation of urethra proximal to the polyp. The urethra distal to the polyp was normal in calibre. No evidence of posterior urethral valve. (Fig.1A-D)

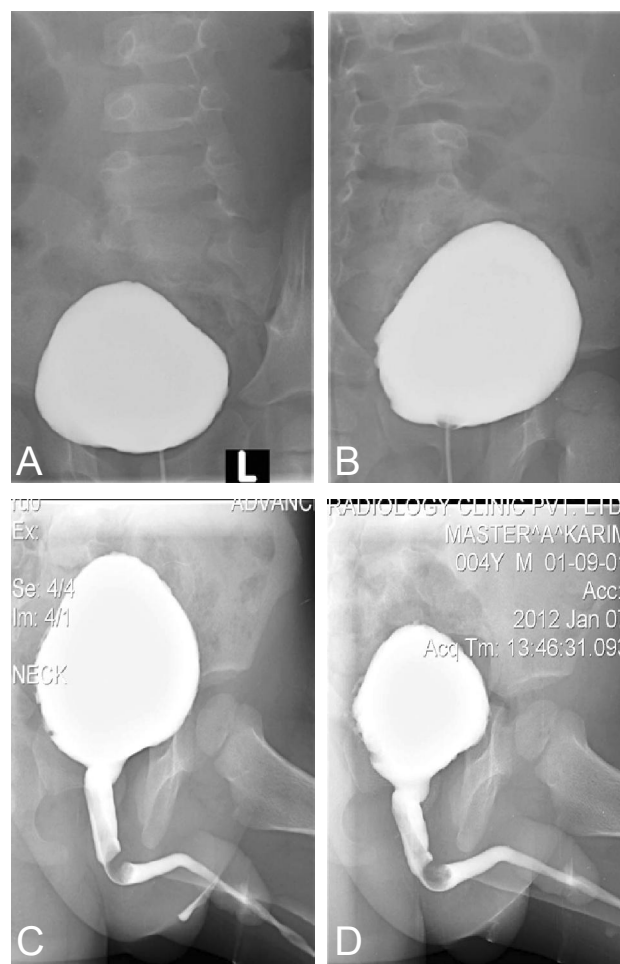


Figure 1(A-D): Micturating cystourethrogram (MCUG) showing normal urinary bladder and a well defined filling effect at the junction of Ant. and Post. urethra.

Discussion

Urethral polyps are uncommon lesions and upto 1989, 66 cases of urethral polyps are found in the literature. Nearly all of them originated from posterior urethra and all reported examples have occurred in boys or men as in our case. The reported age range of the patient newborn to 79 years and 82% of all cases

Correspondence : Dr. Rashid Ahmed
Advanced Radiology Clinic (Pvt.) Ltd.
ZC 15, Block 1/A, Behind Taj Medical Complex
Off. M.A. Jinnah Road, Karachi, Pakistan.
UAN: 111-111-(ARC) 272
Email: arcra@cyber.net.pk

occur in younger than 20 years old. The pedunculated urethral polyps are usually diagnosed during the first decade of life, occurring only in male and usually arise from the verumontanum just below the utriculus masculinus, on rare occasion they can occur in the anterior urethra.

The polyp is composed of connective tissue, smooth muscle, gland, nerves and vessels, all of which are covered by an epithelium. Clinical features include voiding difficulties and hematuria. Large polyps are occasionally palpable upon rectal examination. The IVU depicts hydronephrosis, usually due to obstruction but occasionally due to reflux, occurs in about 50% of cases. MCUG will depict the mobile intraluminal pedunculated filling defect attached to the verumontanum at the base of the utriculus masculinus. During micturating the polyp floats down stream, but it usually retract toward the bladder neck when voiding ceases.

Conclusion

We report a case of urethral polyp in young male child. Complimentary ultrasound KUB revealed normal kidneys, no hydronephrosis was seen, thick walled urinary bladder was seen. A well defined echogenic mass lesion was seen arising from the posterior urethra representing urethral polyp. (Fig.2).



Figure 2: Ultrasound of urinary bladder showing a well defined echogenic mass lesion arising from posterior urethra.

References

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