LARGE PROLAPSING URETHRAL POLYPS IN FEMALE CHILDREN: A REPORT OF TWO RARE CASES

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INTRODUCTION
Urethral polyps (UPs) are a rare entity in children. In young girls these are even rarer, complex and of heterogeneous variety. Majority of male patients present with a protruding mass through the urethral meatus, painless hematuria or obstructive voiding symptoms. In girls, presenting features are “vaginal” bleeding or an inter-labial mass. Inter-labial mass may be of urethral, vaginal or labial origin, hence making diagnosis difficult. Investigations like ultrasonography or urography are needed to exclude other urinary tract anomalies. Resection is done endoscopically or transurethrally and recurrence is extremely rare. We report two such cases of female babies who presented as inter-labial masses. UPs were excised, with uneventful recovery. Histopathology confirmed the diagnosis of benign fibroepithelial polyp, without any recurrence over a period of six months.

CASE REPORT

CASE-1
A female baby of 7 months was brought to ER with a painless bleeding mass protruding through labia for last one week. On examination, a 3x2 cm red grape like polypoid mass was visible on separation of labia. Urethral and vaginal opening could not be identified separately in irritable and crying baby. Her base line investigations, kidney functions, ultrasound of lower abdomen and urinary tract were normal. On examination under anesthesia, it was a bilobed polypoid mass connected with almost 2 cm long single stalk, which was attached to the right margin of the distal urethral wall (fig 1). On cystoscopy no other lesion was found in urethra or bladder. This mass was excised after ligation of stalk with vicryl 4/0. Catheter was retained for 24 hours. Post operative recovery was uneventful. Histopathology report confirmed the suspicion of benign fibroepithelial polyp. No recurrence was noted at 6 months follow up.

CASE-2
A 5 year old female was brought to outpatients’ department with complaints of a bleeding mass at “introitus”. On inspection, a small 2x2 cm purplish colored mass was visible on separation of labia. It was coming out of urethral meatus. Vaginal opening was visualized separately (fig-2). Blood complete picture, renal profile and ultrasound KUB were normal. Cystoscopy was also normal. This was an almost sessile polyp attached to the superior wall of the urethral meatus. It was excised from the base and residual gap sutured. Foley’s catheter was passed for 24 hrs. Histopathological report confirmed a benign fibroepithelial polyp. Child was well and free of any recurrence over 5 months follow up.

DISCUSSION
Only few cases are documented in English literature. In girls, due to close proximity of vagina and short length of urethra, there is an extensive spectrum of heterogeneous genitourinary lesions making the diagnosis and management confusing. The etiology is not exactly understood but it may be prolapsed urothelium of the bladder or urethra which may evolve into a urethral polyp.

The presenting symptoms are variable. In boys it may present as obstructive urinary symptoms, hematuria or a prolapsed mass at the meatus. In girls, the presentation is more complex. Mostly these present as inter-labial
masses. Less common presentations are “vaginal” bleeding with no history of trauma or vulvitis. Other inter-labial masses should be considered while dealing with these patients. Ultrasonography and urography are helpful in delineating the anatomy of urinary system and origin of polyps. Cystourethroscopy is done for the differentiation and resection of UPs.

In the first baby, on EUA, a bifid polypoid growth was found to be coming out of urethral meatus. The stalk of polyp was attached to the right wall of the proximal urethra. In the second baby polyp was found to be attached to the superior wall of the meatus, transurethral excision was done in both cases. Urinary catheter was passed for 24 hours in both cases and both made uneventful recovery.

Histopathologically, UPs are benign fibroepithelial masses, composed of connective tissues, vessels and covered by urothelium. Histopathology in both of our patients confirmed the diagnosis of benign UPs. The prognosis is generally very good. Both the cases were free of recurrence uptill 5 months of follow up.

REFERENCES


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Figure-1. A bifid polypoid growth connected with single stalk.

Figure-2. A small purplish urethral polyp presenting as an inter-labial mass.

Complete excision is mandatory to avoid recurrence.