

Urethral Diverticulum after Endoscopic Urethrotomy, A Case Report

Ula M.R. Al-Kawaz MBChB; FIBMS (Urology).

Abstract

Diverticula of the male penile urethra are rare clinical entities. Urethral diverticula in males may be associated with trauma, infection, impacted calculi or stricture disease. Here in, we present an unusual case of a 55-year-old man with and a symptomatic urethral diverticulum after endoscopic urethrotomy for a bulbar urethral stricture. Surgical repair involving urethral stricture excision, end-to-end primary urethroplasty, and closure of the

diverticular neck, the patient is voiding well but has persistent erectile dysfunction unresponsive to phosphodiesterase-5 inhibitors.

Keywords: urethral diverticulum, urethroplasty, stricture

IRAQI J MED SCI, 2009; VOL.7 (3):107-109

Introduction

Diverticulum of the male¹ bulbar urethra is a rare clinical entities with unknown exact incidence⁽¹⁾, unlike the in females in which diverticulum is relatively a common disease. Urethral diverticula in males may be caused by or associated with several pathological conditions including trauma, infection, impacted calculi or stricture disease^(1, 2).

The pathophysiology of most cases of urethral diverticula appears to revolve around obstruction of and infection within the paraurethral glands. The glands are thought to become enlarged and inflamed, eventually forming a retention cyst and then an abscess, which ruptures back into the urethra^(3, 4).

The clinical presentation of urethral diverticula varies considerably from patient to patient and also may vary depending on when during the natural history of the disorder the diagnosis is made. Early in the natural history, when the periurethral gland initially becomes infected, the predominant symptoms may be related

to urination. At this stage, dysuria, frequency, and postmicturition dribbling may bring the patient to clinical attention. Later, as chronic and recurrent inflammation develops around the diverticulum, low pelvic pain may be reported as well. Clinical signs such as pyuria, a palpable suburethral mass, suburethral indurations, and tenderness may be present. Diagnosis can be confirmed by Voiding cystourethrography, Ultrasonography, Urethral pressure profilometry and Urethroscopy⁽⁵⁾.

The case

A 55 year old man that presented with dysuria and post micturition dribbling, he gave a history of trauma to the pelvis 10 years ago since then he had a urethral stricture that was treated four times with endoscopic urethrotomy, the patient neglected his condition for 5 years then presented to our unit with his urinary symptoms .

Examination revealed a compressible lump at the perineum that evacuates pus and urine through the urethra. Urinalysis revealed pus cells and bacteria. Cystourethrography revealed a huge diverticulum at the bulbar part of the urethra Figure (1); Urethroscopy revealed a stricture distal to the Diverticulum that was treated by cold knife urethrotomy and

Dept. Surgery, College of Medicine, AL-Nahrain University,

Address Correspondence to: Dr Ula M.R. Al-Kawaz

E-mail: ulamhm@yahoo.com

Received: 5th November 2008, Accepted: 16th June 2009.

a wide neck urethral Diverticulum was found. An open urethroplasty Figures (2, 3) was decided with excision of the whole diverticulum and the stricture site was done with end-to-end anastomosis and closing the urethra and overlying layers.

Discussion

Urethral diverticula in males is a rare disease, very few reports in the literature about this condition, Exact incidence is unknown⁽⁴⁾.

Parker WR, Wheat J⁽⁵⁾ reported their unusual case of a 57-year-old

man with erectile dysfunction and a symptomatic urethral diverticulum after endoscopic urethrotomy for a pendulous urethral stricture. One year after surgical repair involving urethral stricture excision, end-to-end primary urethroplasty, and closure of the diverticular neck, the patient is voiding well but has persistent erectile dysfunction unresponsive to phosphodiesterase-5 inhibitors.



Figure 1



Figure 2

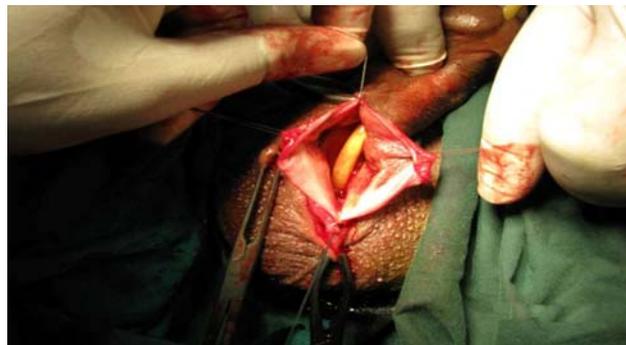


Figure 3

References

- 1-Davis HJ, Cian LG. Positive pressure urethrography: a new diagnostic method. *J Urol.* Apr 1956;75(4):753-7.
- 2-Davis HJ, Telinde RW. Urethral diverticula: an assay of 121 cases. *J Urol.* Jul 1958;80(1):34-9.
- 3-Blander DS, Broderick GA, Rovner ES. Images in clinical urology. Magnetic resonance imaging of a "saddle bag " urethral diverticulum" *Urology.* Apr 1999;53(4):818-9.
- 4-Bryden and Gough, 1999. Bryden AA, Gough DC: Traumatic urethral diverticula. *BJU Int* 1999; 84:885-886
- 5-Urethral Diverticulum after Endoscopic Urethrotomy: Case Report, Parker WR, Wheat J, Montgomery JS, Latini JM. *Urology.* 2007(Nov) 70(5):1008