



Urogenital bleeding in a young female. Diagnosis?

Almudena Carrión-Valencia ^{**}, Balig Fawwaz Amir Nicolau, Nuria Orribo Morales, Adrian Amador Robayna

Urology Department, University Hospital Nuestra Señora de Candelaria, Carretera General Del Rosario n° 145, 38010, Santa Cruz de Tenerife, Spain

1. Introduction

Differential diagnosis of urogenital tumors in women should always include urethral mucosal prolapse (with two incidence peak ages: the paediatric and the elderly population),¹ urethral diverticula, leiomyomas, vaginal cysts,² pelvic organ prolapse and cervical, vaginal, and vulvar tumors.³ Infiltrating bladder tumors, which invade other pelvic structures and bladder tumors that prolapse through the urethral meatus, even if exceptional, must also be considered.⁴ Very few reported cases of prolapsed and thrombosed bladder tumors have been described in the literature.

2. Case history

We report the case of a 46-year-old woman, smoker, who shows in the Emergency Room with genital bleeding containing clots and the sensation of genital mass. She does not report previous hematuria or fever.

The patient is appraised first by the Gynaecology Service in the Emergency Room and then by the Urology Service. A mass with roughly 3 cm wide is observed in the urethral meatus with normal vaginal examination (Fig. 1).

An exploration under anesthesia is performed and a tumor of 3–4 cm is detected protruding through the urethral meatus. It is mobile and does not arise in the urethra. It is mobile and it does not arise from the ure-

thral wall. Bypassing the prolapsed part of the tumor, a papillary lesion with a long pedunculated base is observed attached to the left side of the bladder (Fig. 2a).

Resection with ligature of the prolapsed part that protrudes through the meatus and Transurethral resection of the bladder tumor (TURB) were performed (Fig. 2b). The pathology report reveals a high-grade urothelial carcinoma (Fig. 3a) without muscle invasion (Fig. 3b). The patient is treated with instillations of Bacillus Calmette-Guerin (BCG). No evidence of recurrence was detected during post-treatment with a follow-up of two years. No alterations were observed in the external urethral meatus during physical examination in the follow-up. Exploration of the upper urinary tract failed to detect other lesions.

3. Discussion

Differential diagnosis of urogenital lesions such as the one we present includes urethral mucosa prolapses, which may present thrombosis,¹ primary urethral tumors, gynaecological lesions² and prolapsed bladder tumors, a very rare entity, with only 4 cases presented in the literature.

In one case,⁴ with close post-operative monitoring, suprapubic exploration was performed without evidence of recurrence. In our case, the endoscopic exploration was performed without finding lesions in the urethra or bladder neck during exploration in the operating room or during subsequent follow-up.

The exceptional peculiarity of this case is due to the manner in which

* Corresponding author.

E-mail address: almudenacarrionvalencia1@gmail.com (A. Carrión-Valencia).



Fig. 1. Physical examination shows a urogenital thrombosed mass protruding through the urethral meatus with active bleeding. Vaginal examination is normal.

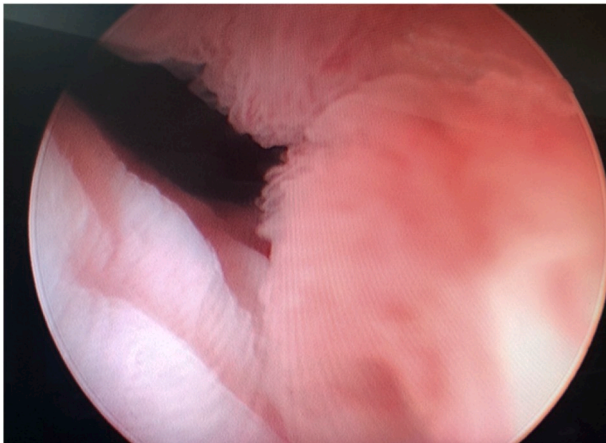


Fig. 2a. Bypassing the thrombosed part, beyond the bladder neck, the tumor has appearance of papillary bladder tumor.

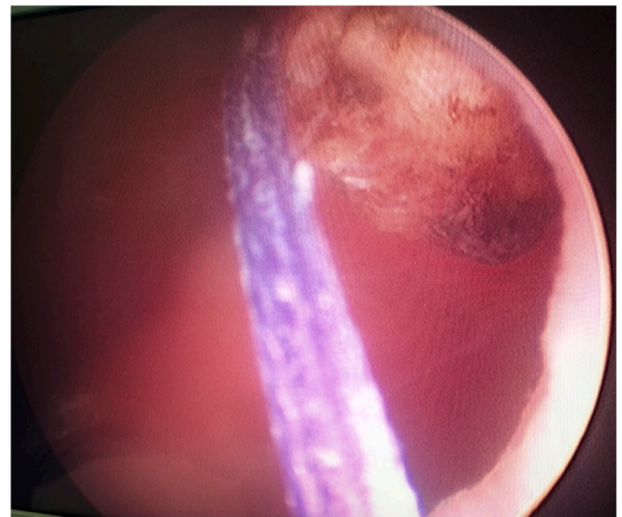


Fig. 2b. Tumor ligation of prolapsed part is performed before transurethral resection of the bladder tumor.

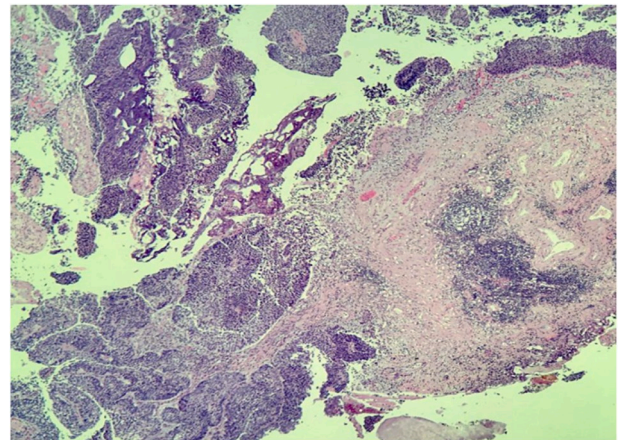


Fig. 3a. Pathological exam (Haematoxylin-eosin (H-E) tinction x100). In the right part of the picture, high-grade papillary tumor is observed.

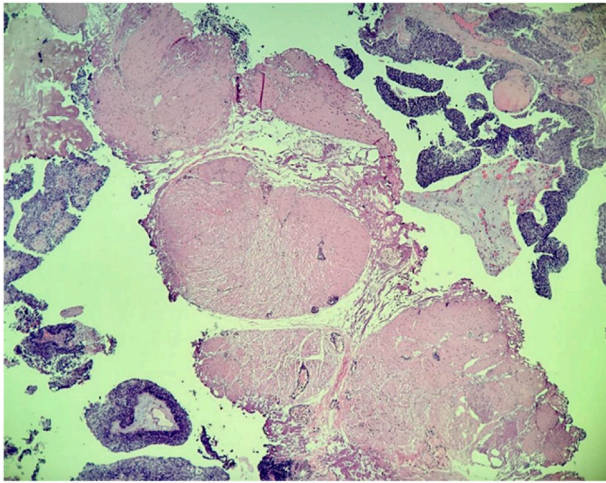


Fig. 3b. No muscle invasion is detected. Muscularis propria is tumor free. (H-E X 100).

the bladder tumor was presented. Once its origin had been proven, an

endoscopic exploration under anesthesia is mandatory to secure the resection of the prolapsed part of the lesion, without compromising the bladder resection of its base.

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