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 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

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Introduction

Diverticulum of the male 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 years old man that presented with dysuria and post micturation 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. Cystourethrogram 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...
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 anastamosis 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.
References