

URETHRAL DIVERTICULUM

(A Case Report)

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Urethral diverticulæ must be as old as the human race. However, scant attention was paid to the condition till the last two decades. Recent journals in gynaecology contain reports of several cases from clinics where hardly any case was reported before. This suggests that the condition was missed very often and diagnosed as cystocele or urethrocele. It is only when the attention of the gynaecologist was drawn to the condition, which is not as rare as it was supposed formerly, that more reports of urethral diverticulæ, diagnosed and treated, are coming up. It is with a view to arouse interest of gynaecologists in this country, that I hasten to publish the case report of a urethral diverticulum, recently diagnosed and operated on at the Sheth Vadilal Sarabhai General Hospital. As far as I can gather this is the first case reported in the hospital since its inception in 1931.

I shall not go into the details of etiology signs and symptoms etc. for which the reader is referred to excellent articles in the British and American Journals of Obstetrics and Gynaecology.

Case Report

Patient Mrs. D. N., Regd. No. 1799 of 1956, aged 40 years, housewife, was seen in the out-patients department of the hospital with the complaints of: (1) a painful swelling in the vagina for two years, (2) throbbing pain after micturition 2 years, (3) burning micturition and incontinence of urine after micturition for 7 years. She had been treated for urinary infection at several hospitals in the city and advised a repair operation which she had not undergone because of domestic difficulties. She had eight full-term deliveries out of which 5 were alive, the last being 5 years ago. Her menstrual history was normal. Except for slight anaemia her general condition was normal.

Local examination revealed a bulge about 1 inch in diameter in the anterior vaginal wall resembling a cystourethrocele. The striking feature of this swelling was that unlike a cystocele it was exquisitely tender. On pressure, pus and urine were seen to exude from the external urethral meatus. A clinical diagnosis of urethral diverticulum was made and confirmed by radiography.

Technique of radiography: About 200 cc. of 12½% solution of sodium iodide was introduced in the urinary bladder through a soft rubber catheter and the patient asked to void. An x-ray of the pelvis was taken in the antero-posterior and lateral views. This showed a beautiful diverticulum in the posterior wall of the anterior urethra.

Operation: The patient was operated on, on 10-5-56 under spinal anaesthesia—heavy Nupercaine. The anterior vaginal wall was incised for about 1½ inches along the urethra. The diverticulum was identified by passing a bladder sound and dissected free, from the vaginal walls fairly easily. The diverticulum was opened after passing a plain rubber catheter into the bladder. It was excised and an opening of ½ inch in the urethra was closed longitudinally with 000 chromic catgut in three layers, the outermost including the fascia. The vagina was also sutured longitudinally with interrupted sutures. The catheter was stitched in place. It had to be removed on the fifth day as it got blocked. Fortunately, the patient was able to void voluntarily and was not incontinent. The wound healed by first intention.

Pathological report No. 7408 of 17-5-56 section of the diverticulum shows characteristics of urethral diverticulum with evidence of chronic non specific inflammation.

I have no doubt that if the condition is constantly kept in mind many more cases will be diagnosed. Patients who wander from one gynaecologist to another with the diagnosis of hysteria, chronic urethritis, cystocele and urethrocele will be grateful for the relief obtained.

Summary:

(1) The object of publishing the case report is mentioned.

(2) Signs, symptoms, diagnosis and treatment of a case of urethral diverticulum are described.

(3) Technique of radiography and operation are given in detail.

I wish to express my thanks to Dr. M. D. Desai, M.S., F.R.C.S., M.Ch.Orth., Superintendent of the Hospital for permission to publish the case and to Dr. I. R. Joshi, for preparing the block.

My thanks are also due to my Re-

gistrar, Dr. (Miss) B. J. Surti and the Sisters for the untiring attention during the post-operative period.

References

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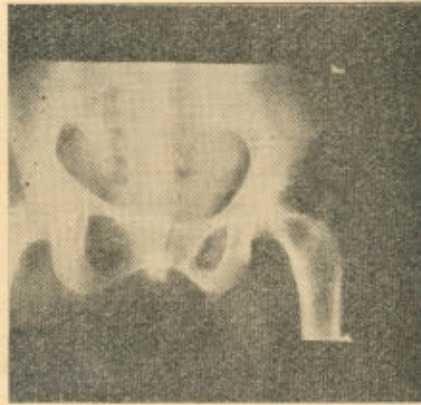


Fig. 1
X-ray of the pelvis showing antero-posterior and lateral views.

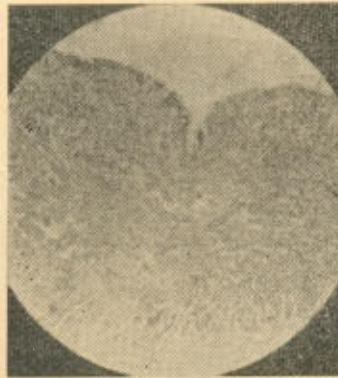


Fig. 2
Section of the Diverticulum showing characteristic of urethral diverticulum with evidence of chronic non-specific inflammation.