COMPLETE PROLAPSE OF URETHRA

(A Case Report)

by

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The protrusion of the female urethra through the meatus may be complete or incomplete. Complete prolapse is exceedingly rare (Campbell). This paper presents a case report of complete prolapse in a young girl.

CASE REPORT

Miss. J. a girl aged 7 years was admitted to Rajawadi Municipal Hospital on 6-12-1971 with the complaint of a swelling on the vulva, which had appeared suddenly 15 days back. There was no history of straining or any trauma at the time of onset. The patient also had frequency of micturition and spotting since then.

On examination: The patient was averagely built and nourished. General and systemic examinations did not reveal any abnormality except for mild pallor.

Local Examination: The patient did not allow a satisfactory local examination. However, a swelling was seen protruding outside the vulva. It was about 2 cm. in diameter with a central opening looking very much like a cervix. A presumptive diagnosis of third degree prolapse of uterus was made.

Investigations: Hb. 11 Gms%. Urine: 3 to 4 Pus cells/h.p.f., otherwise NAD.

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Management: On examination under anaesthesia it was obvious that the swelling was due to complete prolapse of urethral mucosa. On catheterisation through the central opening clear urine was drained. The introitus was normal and the cervix and the uterus were normally situated.

An attempt was made to reduce the prolapsed mucosa. It did not succeed. So with an electrocautery 4 radial incisions were made on the outer wall of the mucosa and through the meatus. After this procedure the prolapse could be reduced easily. A No. 14 Foley's catheter was introduced and a circular stitch was put at the external meatus.

The indwelling catheter was kept for 7 days. After removal of the catheter patient passed urine freely and she had no complaints. On follow up examination after 4 months the patient was alright. There was no evidence of recurrence or stricture.

Discussion

Complete prolapse of the urethra usually occurs only in children or in paraplegic patients suffering from lower motor neurone lesions (Smith 1972). The predisposing factors responsible for the condition are redundancy of the mucosa, patulous meatus, laxness of tissues supporting the mucosa and neuromuscular dysfunction. There may be history of precipitating factors like straining or local trauma. The swelling may appear slowly or suddenly.

Patient usually presents with the com-

plaint of swelling at vulva and spotting due to traumatisation of the mucosa. Urinary symptoms are infrequent or mild and the catheter specimen of urine, cystoscopy and excretory urogram usually do not reveal any abnormality (Abrams and Lewis, 1954; Moffett and Banks, 1951). When left untreated it may become ulcerated and gangrenous. The swelling should be differentiated from a caruncle, tumour of urethra and prolapse of ureterocele.

Various lines of treatment are suggested (Swinney, 1961).

1. Local application of astringent and hot water may reduce the prolapse completely.

2. There is a line of demarcation between normal and inflamed mucous membrance following local treatment. Complete circular excision of the prolapsed cuff with a cautery loop may be done along the line of demarcation. No sutures are required. Indwelling catheter should be kept for 3 days.

3. Simple radial cautery of the mucosa may allow the prolapse to be reduced.

4. Radial incisions can be done to enlarge the external meatus if necessary. An indwelling catheter should be put and a circular stitch taken at the external meatus.

5. It is also suggested that one may pull the mucosa up from within the bladder by suprapubic approach.

Regarding prognosis, the result of the treatment is usually satisfactory and recurrences are rare (Smith, 1972).

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See Figs. on Art Paper X