

# COMPLETE PROLAPSE URETHRA

(A Case Report)

by

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## Introduction

Slight eversion of the mucosa at the urethral meatus is common and seldom gives rise to symptoms. Complete prolapse of urethral mucosa is extremely rare (Campbell, 1970; and Nayana *et al* 1978). It is characterized by sliding outwards of the urethral mucosa through the meatus and then become cyanotic, oedematous and infarcted. A rare case of complete urethral prolapse in a young girl aged 10 years is being reported.

## Case Report

Miss. S. aged 10 years was admitted at J.L.N. Medical College Hospital, Ajmer on 17-11-1975 with the complaints of swelling on the vulva and bleeding which appeared suddenly 10 days back. There was history of injury over the vulva 10 days back. The patient also had frequency and burning micturition since then.

## General Examination

Patient was a young girl of average built. General and systemic examinations revealed no abnormality.

## Local Examination

There was swelling protruding outside the vulva. Thorough examination was done under G.A. which revealed a complete prolapse of the

urethral mucosa. Catheter was put in and clear urine was obtained. There was no other abnormality.

Investigations: Hb—11 gm%, T.L.C.—8450 per c. mm. D.L.C.—P 55%, L 35%, M 9%, E 1%.

Urine: Albumin and sugar, nil. Pus cells 1-2/H.P.F.

Stool: N.A.D.

## Treatment

Urethral dilator was put. The edges of the prolapse urethral mucosa were caught and redundant edges cut. The edges were then stitched with interrupted catgut sutures. Self retaining catheter was put in and was kept for 7 days. On removing the catheter the patient had no complaints and could pass urine easily. At follow up examination after 6 months there was no stricture formation.

## Discussion

Complete prolapse of urethra may occur at extremes of life. Keefe (1935) reports the age incidence as 60% below 15 years, 12% between 15 to 40 years and 28% over 40 years. Smith (1972) reports the condition in paraplegic patients suffering from lower motor neuron lesion. The exact cause is not known but the predisposing factors are patulous meatus, lack of tissues supporting the mucosa and neuromuscular dysfunction. In infants it is usually preceded by severe coughing or crying. There may also be a history of local trauma as seen in our case.

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Accepted for publication on 27-6-75.

Symptoms very greatly. Prolapse may not cause any discomfort and only be detected when a blood discharge occurs as a result of breaking down of congestive tissue. Usually there is swelling of the vulva and spotting as in present case. Urinary symptoms are mild. Catheter specimen of urine, cystoscopy and excretory urogram usually do not show any abnormality (Abrams and Lewis, 1964 and Moffett and Banks, 1951). The condition should be differentiated from urethral caruncle, prolapse of urethrocele and tumour of urethra.

Swinney (1961) suggested following line of treatment.

1. Local application of astringent and hot water. 2. Complete excision of the prolapse urethra with a cautery loop.

Livermore (1921) advocated fulguration at four points. Mucosa can be pulled up from within the bladder by suprapubic approach.

According to Kelley and Burman (1970) prolapsed mucosa is amputated by a circular incision. The cut edges are then sutured. In the present case this treatment was adopted.

#### Summary

A rare case of complete prolapse of

urethra in a young girl of 10 years is reported. There was no recurrence at a follow up of six months.

#### Acknowledgement

We are grateful to Superintendent, J.L.N. Hospital, Ajmer for permitting to publish this case.

#### References

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**The IXth World Congress of Gynaecology and Obstetrics  
will be held in Tokyo, Japan from October 25 to 31, 1979**

Scientific programme will comprise of Guest Lectures 3, Plenary sessions 7, Correlated Seminars 13, and Seminars 31, Opening ceremony will take place from 2.30 to 5.00 p.m. on 25th October and the closing ceremony will be from 5.30 p.m. to 6.30 p.m. on 31st October 1979.

Place: Hotel New Otani, Tokyo, Japan.

Official Languages: English, French, Spanish and Japanese.

**Scientific Programme:**

**Special Lectures:**

October 26 (Friday) 9:00-10.00

SL-1 Reproductive endocrinology  
By Prof. Kenneth J. Ryan  
Harvard Medical School, U.S.A.

October 29 (Monday) 9.00-10.00

SL-2 Comparative aspects of fetal differentiation  
By Prof. Alfred Jost  
college de France, France

October 31 (Wednesday) 14.00-15.00

SL-3 Recent progress in gynaecologic oncology  
By Prof. Per Kolstad  
Norwegian Radium Hospital, Norway

**Plenary Sessions**

- PL-1 Social aspects of Obstetrics and Gynaecology including contraception (2 sessions)  
PL-2 The climacteric and postmenopause including hormone therapy  
PL-3 Endocrinology of the menstrual cycle  
PL-4 Physiopathology of intrauterine fetal growth (2 sessions)  
PL-5 Reproductive immunology  
PL-6 The role of Obstetric management in reducing fetal mortality and morbidity  
PL-7 Premalignant lesions of the female genital tract

In addition, there are Correlated Seminars, Seminars and Free communications covering wide range of topics of current interest. Film and Video tape sessions, Scientific Exhibition and a large-scale technical exhibition are also planned.

There will also be pregress educational programme on payment. There will also be post congress medical tour and also post congress sight seeing tour (arranged by Japan Travel bureau) on payment.

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	Before 31-7-1979	After 1-8-1979
	Yens	Yens
Members	60,000	70,000
Non Members	70,000	80,000
Accompanying person of members	30,000	40,000
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**Deadlines:**

Early registration ..... July 31, 1979

Dr. R. D. PANDIT,  
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