Fibroepithelial Polyp of Urethra Presenting with Acute Urinary Retention

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Fibroepithelial polyps of urethra (FEPU) are rare benign mesodermal tumors, affecting boys more than girls in their childhood or adolescence, usually located in posterior urethra, the ureteropelvic junction or upper ureter. [1-3] Although, the exact etiology of FEPU is unknown, chronic irritation or infection, developmental or allergic factors, trauma, or congenital causes have been implicated [4]. We report a case of FEP of the urethra.

An 18-month-old boy presented with urinary retention for more than 12hours. He Had history of admission in another hospital one month ago, with diagnosis urinary tract infection (UTI) and received antibiotics. Clinical examination revealed palpable urinary bladder, thus catheter was inserted without any resistance yielding clear urine. Laboratory assessments were unremarkable, except for calcium oxalate crystals on urine analysis. Abdominal Ultrasound done showed an intravesical mobile mass that extended to the bladder neck with thickness of the bladder wall, without any hydronephrosis or hydrourereter (Fig. 1). Cystoscopy demonstrated a 1cm long polyp attached to the posterior urethra at the verumontanum freely floating into the bladder neck. The polyp was excised through a Cystoscope by using Bugbee-cautery (Fig.2). The patient was send home next day with good urinary stream. The follow up was uneventful. The diagnosis of congenital FEPU was rendered by histopathologic examination that showed the polyp covered by transitional urothelium. The stroma consisted of loose connective tissue with bundles of smooth muscle.

FEPU are called different names, such as prostatic urethral polyp, solitary polyp or benign urethral polyp of the urethra. Polyps derived from the lower urinary tract are not as frequent when compared with those derived from the upper urinary tract. [3] The clinical triad of intermittent urinary retention, hematuria and lower urinary tract...
symptoms (dysuria, urinary tract infection) is common manifestation of FEPU. [2,5] Diagnoses of FEPU present a unique challenge due to their variable size and shape. Ultrasonography is a valuable tool of diagnosis; it can show the polyp as mobile mass as shown in the index case. The voiding cystourethrogram (VCU) aids to diagnose the polyp showing a filling defect in the posterior urethra usually near verumontanum, but endoscopic examination is necessary to confirm and excised the lesion. [5] We preferred endoscopic evaluation on VCU as it also had therapeutic potential in addition to diagnostic potential.

FEPU are benign lesions lined by transitional urothelium or squamous epithelium over a fibrovascular stalk. [4] Urethral polyps are rarely associated with other congenital urinary tract anomalies. Krushna K et al [6] presented case of PEPU with Type 1 posterior urethral valve in a neonate, we however, could not find any associated anomaly in the index case. In conclusion, FEPU should be kept in mind in child who present with triad of urinary retention, hematuria and lower urinary tracts symptoms. The endoscopic resection of polyp is the treatment of choice.

Consent: Authors declared that they have taken informed written consent, for publication of this report along with clinical photographs/material, from the legal guardian of the patient with an understanding that every effort will be made to conceal the identity of the patient however it cannot be guaranteed.

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REFERENCES