Fibroepithelial Polyp of Urethra Presenting with Acute Urinary Retention

Ubaidullah Khan,* Najmah Ali Edah Alotaibi, Murad Kitar, Rasha Al oteibi, Mostafa Khlifi, Imed Krichen, Kais Maazoun

Division of Pediatric Surgery, Department of Surgery, Al Hada Armed Forces Hospital, Taif, Saudi Arabia

Correspondence*: Ubaidullah Khan, Division of Pediatric Surgery, Department of Surgery, Al Hada Armed Forces Hospital, Taif, Saudi Arabia

E-mail: ubaidafr@gmail.com

Submitted: 15-05-2019 Accepted: 08-06-2019

Conflict of Interest: None Source of Support: Nil

DEAR SIR

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 hydroureter (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.

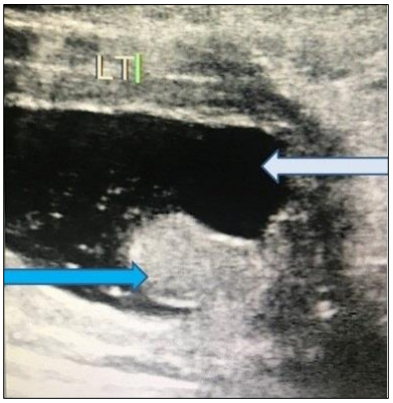

Figure 1: Ultrasonography showing a polyp (dark arrow) extended to the bladder (light arrow) as nodular hyperechoic mass.

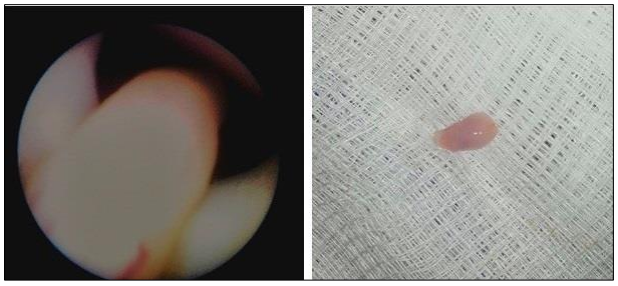

Figure 2: The polyp was excised through a cystoscope.

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 cystourethrograms (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 inconclusion, 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

Authors' Contribution: All authors contributed equally in concept, design, literature review, drafting the manuscript, and approval of the final manuscript.

REFERENCES

1. Ballard DH, Rove KO, Coplen DE, Chen TY, Bowling RL. Fibroepithelial polyp causing urethral obstruction: Diagnosis by cystourethrogram. Clin Imag. 2018;51:164-7.
2. Demircan M, Ceran C, Karaman A, Uguralp S, Mizrak B. Urethral polyps in children: a review of the literature and report of two cases. Int J Urol. 2006;13:841-3.
3. Ezekiel A, Agrawal V, Romero E, Smith-Harrison LI. Benign fibroepithelial polyps: A rare cause of ureteropelvic junction obstruction in children. Urol Case Rep. 2015;3:111-3.
4. Ksia A, Mekki M, Mnari W, Sahnoun L, Sfar S, Maazoun K, et al. Fibroepithelial polyps of the urethra in infants: A report of three cases. Afr J Urol. 2014;20:31-4.
5. Akbarzadeh A, Khorramirouz R, Kajbafzadeh AM. Congenital urethral polyps in children: report of 18 patients and review of literature. J Pediatr Surg. 2014;49:835-9.
6. Kesan KV, Gupta RK, Kothari P, Gupta A, Mudkhedkar K, Kamble R, et al. Posterior urethral polyp with type I posterior urethral valves: a rare association in a neonate. Urol. 2014;83:1401-3.