

## **Urethral diverticulum with multiple calculi in a postmenopausal**

**woman complaining of something coming down per vagina.**

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**Introduction:** Urethral diverticulum is a condition occurring more frequently than its usual diagnosis, most cases remaining asymptomatic. It is more common in female of age group of 30-50 years. Its incidence is about 0.6 to 6%<sup>1</sup>. Among them 5-10% may have calculi. We are presenting an interesting case of urethral diverticulum with multiple calculi in a post menopausal woman.

**Case report:** A 53 year woman who had menopause 5 years back presented with something coming down per vagina for one year on 10. 02 .2008 at OPD. She was P<sub>3+0</sub>, living issue- 3, LCB- 25 years. She also complained of involuntary passage of urine mainly when she sat on the floor for a long duration with crossed leg. She also complained of dyspareunia. There was no history of dysuria, hematuria or any lower abdominal pain.

On examination, we found a 3cm x 3cm mass in the suburethral region close to the introitus. On pressing the mass there was grating sensation. Urine came out through the urethral meatus on compression of the mass. There was no leakage of urine during coughing or by Valsalva's maneuver. Uterus was normal in size, mobile and adnexa was free. No genital prolapse was detected.

A transvaginal ultrasonography showed a mass away from the bladder of around 3.5 x 3 cm with multiple calculi probably attached with the outer urethra. A voiding cystourethrogram revealed a mass of 4x 3.5 cm arising from the outer urethra with irregular filling defect suggestive of calculi.

Based on the clinical findings and the investigations we diagnosed the case as urethral diverticulum with multiple calculi. Preoperative investigations were within normal limits.

The operation planned was excision of the diverticular sac i.e. diverticulectomy and urethral

The operation was done under spinal anesthesia. A Foley catheter was put in the bladder before starting the operation.

A midline longitudinal incision was made on the lower part of the sac. Vaginal wall was separated from the sac and the sac was opened in its inferior part. Multiple stones along with sludge were removed. After proper dissection the neck of the sac was reached. The diverticular sac was excised. The urethral opening at the neck of the sac was closed by intermittent delayed absorbable sutures. Periurethral fascial layer was repaired. Redundant vaginal wall was trimmed and closed by intermittent sutures. Foley catheterization which was done at the beginning of the operation was kept in situ for seven days. Post operatively patient was given 2 doses of antibiotics 12 hourly. The post operative period was uneventful with no features of infection or hemorrhage. On the eighth post operative day the catheter was removed and she passed urine without any difficulty. There was no leakage of urine from the operative site. The patient was discharged on the ninth post operative day with an advice of follow up after four weeks. On follow up the patient had no complains and she was followed up for next one year at three monthly intervals which were normal. The histopathological report of the sac showed chronic non - specific urethritis.

**Discussion:** It is uncommon for a gynecologist to come across a urethral diverticulum presenting as something coming down per vagina. The cause of urethral diverticulum is multifactorial. It may be congenital, infective (infection in the periurethral glands) or traumatic. Most common site is midurethra (41%). In majority of cases patient presents with 3`D` - dysuria dyspareunia & dribbling<sup>2</sup>. Diverticulectomy i.e. excision of the diverticular sac is the operation of choice<sup>3</sup>. It is to be done only in symptomatic patients as chances of urethral stricture and fistula are high. Adenocarcinoma is the main variety of carcinoma arising from diverticulum. However there is increased incidence of squamous cell carcinoma in urethral diverticulum with multiple calculi.

**References:**

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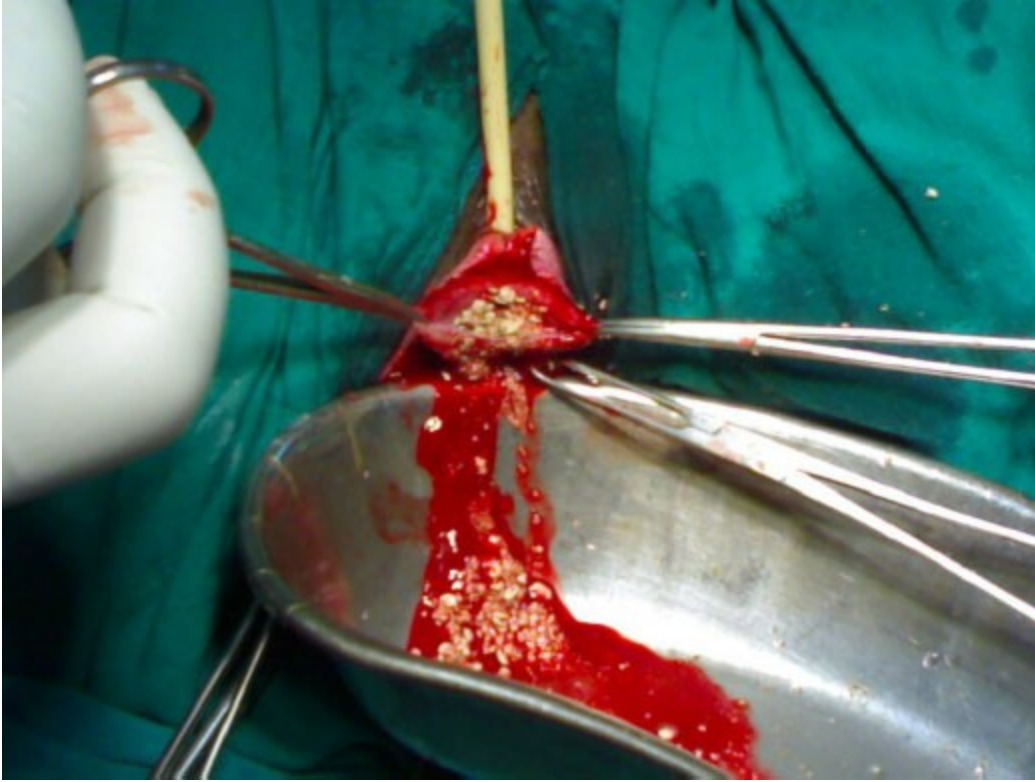


Figure 1. Multiple stone (sludge like) found on incising the diverticulum. ( A Foley catheter is kept in the normal urinary passage.)

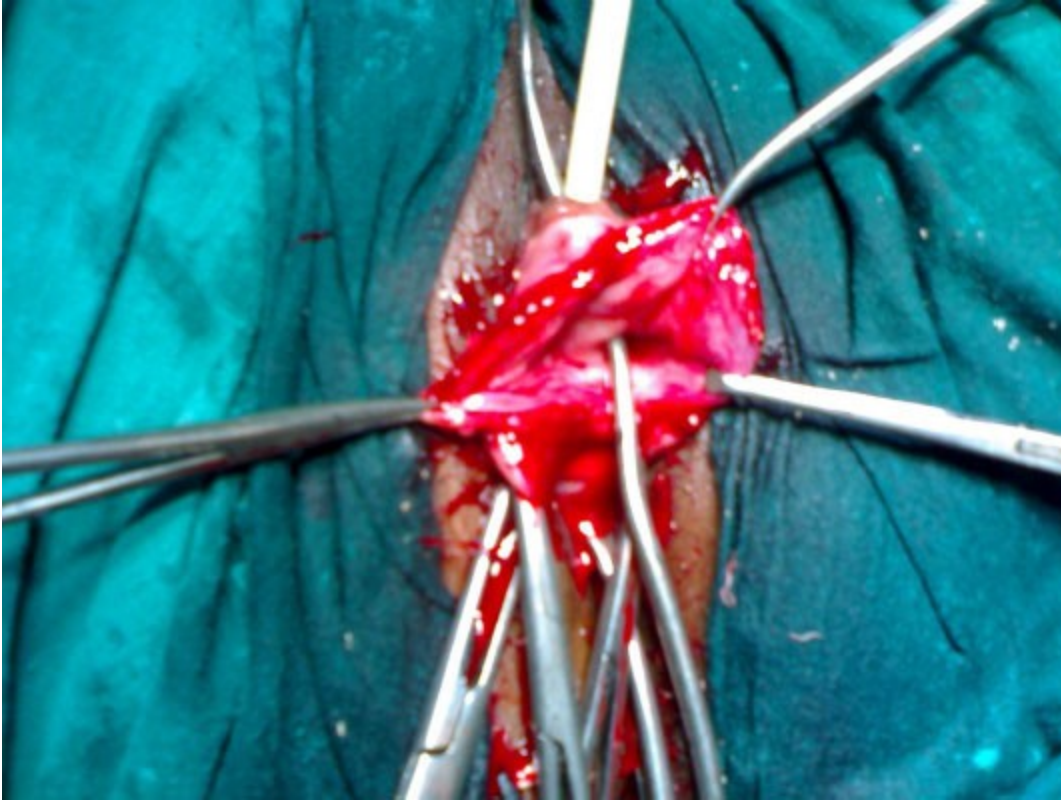


Figure 2. The probe through external meatus is coming out through the neck of the diverticulum