

Female urethral diverticula with multiple stones. A rare presentation.

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INTRODUCTION:

Female urethral diverticula is a localized out pouching of urethra into anteriorvaginal wall. Most often it is present in the middle urethra. Obstruction of periurethral glands is considered to be the cause of diverticula [1,2].

Urethral diverticula is often difficult to diagnose, however with the increasing awareness of the condition by the physician it is being diagnosed with increasing frequency.

The traditional presentation is three “Ds” dysuria, dribbling and dysprneuria with palpable vaginal mass [3,4]. However a significant number of patients present with urinary frequency urgency, dysuria. Very rarely calculi and urethral carcinoma may be present [5,6,7].

Common methods of evaluation include ultrasonography cystourethroscopy, voiding cystourethrography and MRI [8,9].

Treatment of urethral diverticula usually is surgical excision or marsupialization of distal diverticula [10]. Asymptomatic or minimally symptomatic diverticula can be managed conservatively with observation, prophylactic antibiotics and post voidal digital decompression.

CASE REPORT:

A 55 years old woman was referred from gynaecologist with H/O dysuria, frequency, dribbling, pyuria, and a palpable mass on anterior vaginal wall full of multiple egg shells.

X-ray of pelvis showed multiple radioopaque shadows posterior to urethra. Contrast study showed normal bladder and a communicating urethral diverticula containing multiple calculi. Transvaginal excision of diverticula under spinal anesthesia was performed. More than 50 stones were removed. Urethral communication was closed with vicryl and patient was catheterized. Catheter was removed after 02 weeks and patient voided normally with only complain of burning micturation for an other one week.

DISCUSSION:

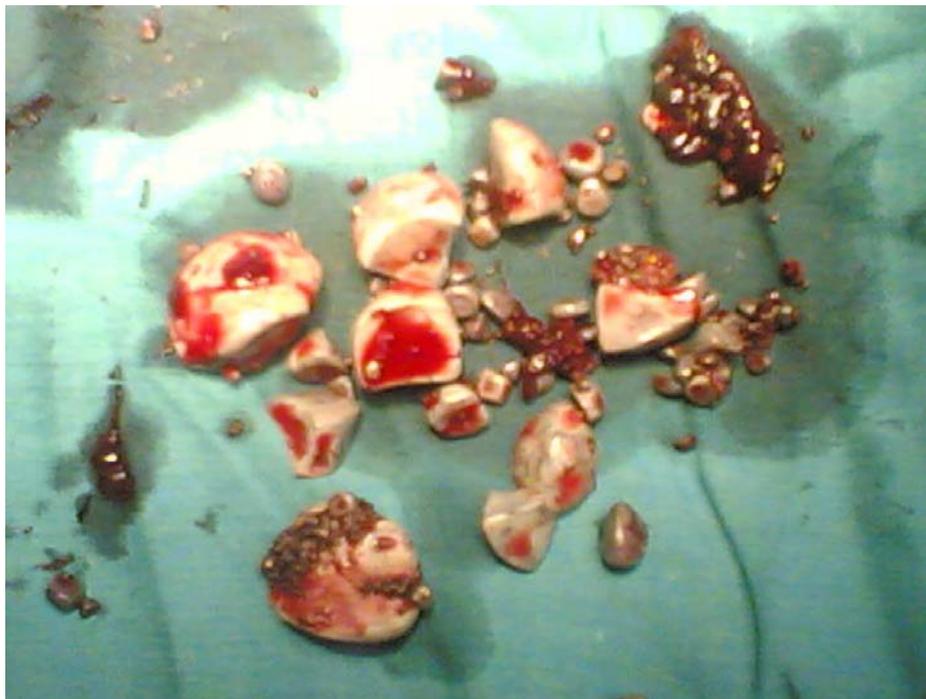
The currently accepted theory of the etiology of urethral diverticula propose that most diverticula are the result of abscess formation in the paraurethral ducts which subsequently become congested and then obstructed. Anatomically paraurethral glands and ducts are located beneath the mucosal membrane in the muscular walls of urethra. Most urethral diverticula occur within the middle third of the urethra and are situated in the posterior muscular wall between three and nine-o-clock position [11]. About 6% - 10% of diverticula contain calculi which some times can be detected on the scout film [12].

Structures which should be differentiated from urethral diverticula are cystoceles, ureteroceles and Gartner’s duct cysts.

Success rate of urethral diverticulectomy has a range of 80-100%. Complications reported in the literature are recurrence of diverticula, stress incontinence, urethral stricture and recurrent urinary tract infections.



Urethral Diverticula presenting as rounded mass filling whole of vagina



Stones removed after diverticular excision

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