CASE REPORT

Urethral Prolapse In A Woman In Her Reproductive Age A Very Rare Occurrence

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ABSTRACT

Background: *Urethral prolapse is a rare condition occurring in prepubertal girls and postmenopausal women. Even most rare is that occurring in the reproductive age grade.*

Method: *A report of a woman in her reproductive age who presented in the gynaecology clinic of a private hospital is presented together with a brief review of the literature.*

Results: *rethral prolapse associated with uterovaginal prolapse, lower abdominal pain and dysuria in a 48-year old grand multiparous (para 8 + 0) farmer who is still observing her monthly menstrual cycle was seen. Her pregnancies and deliveries were unsupervised. A urine culture revealed moderate growth of Escherichia coli sensitive to ciprofloxacin. The urethral prolapse resolved satisfactorily on this.*

Conclusion: *It is advocated that antenatal care, education and women empowerment be made a priority. This will almost eradicate this very rare condition in our society.*

KEY WORDS: *Urethra; Prolapse; Reproductive age.*

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INTRODUCTION

Urethral prolapse is a circular mucosal protrusion of the distal urethra through the external urethral meatus. It is a rare condition occurring most commonly in prepubertal black girls and even less in post menopausal white women[1]. Its commonest presenting symptom is vaginal bleeding. A proper diagnosis is made by identifying the central urethral meatus in the centre of the prolapsed mucosa. Management options range from medical to surgery. A very rare condition in a woman in her reproductive age is presented.

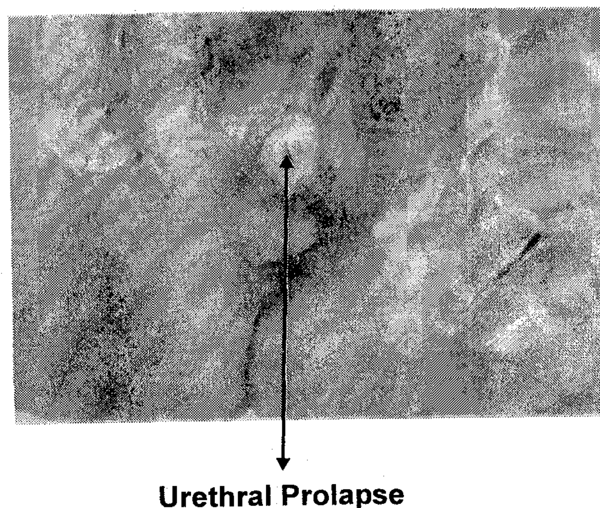
CASE REPORT

Mrs. G. O is a 48-year old farmer who presented in the gynaecology clinic of a private hospital with a 5-year history of a mass protruding from the external urethral meatus. There was no associated vulval bleeding but she had mild lower abdominal pain, dysuria and a utero-vaginal prolapse of 9 months duration prior to presentation. There was no history of fever, cough or trauma. Her menarche was at 14 years and she is still observing her monthly menstrual cycle. Her last menstrual period was about three weeks prior to presentation. She was para 9, all alive. Her last confinement was 12-years ago. All her deliveries were uneventful. She had some at home and some in the hospital with perineal tears which were repaired. Her systolic blood pressure had been raised for the past one year and she has been on irregular anti-hypertensive drug therapy. She was a widow. The significant findings on examination include a blood pressure of 170/70mmHg. Her abdomen was soft and non tender without organ enlargement. On vaginal examination, a utero-vaginal mass and a tomato like urethral prolapse were found.

The following investigations were carried out and they were within normal limits. Full blood count; Electrolytes, Urea and Creatinine; Chest X-ray; Liver function tests; Random blood sugar. A urine culture revealed moderate growth of *Escherichia coli* sensitive to ciprofloxacin. She was started on tablets Cirprofloxacin 500mg b.d for 10 days. Tablets paracetamol, fersolate and metronidazole were also prescribed for her. The urethral prolapse resolved on these.

She was counselled and advised to have vaginal hysterectomy, and pelvic floor repair.

Figure 1 shows the urethral prolapse in our patient.



Urethral Prolapse

Fig. 1. Urethral Prolapse

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DISCUSSION

The distal female urethral is the area primarily involved in urethral prolapse. The exact cause still remains unknown[1,14]. Some series have indicated that a separation of the longitudinal and the circular oblique smooth muscle layers of the urethra can result in this[2,3,15]. This can happen following sudden episodic increases in intra- abdominal pressure from cough, constipation and trauma[16].

It is an extremely rare condition in the reproductive age[9]. When found even though uncommon it is in prepubertal girls and postmenopausal women[1,4-7], where hypo-oestrogen is said to be the cause. Some proposals may be put forward to explain this occurrence in our patient who is still in her reproductive age. Her pregnancies and deliveries were mostly unsupervised. She may have had prolonged labour with its attendant stretch and damage to the genito - urinary organs. This will also contribute to the genital prolapse associated with this case[10]. Apparently normal vaginal births is also known to involve significant mechanical straining of the various muscular connective structures which make up the pelvic floor leading to irreversible damages[11]. She had perineal tears during her many deliveries and when this is poorly repaired may lead to urethral prolapse[9]. Other conditions that may contribute include high parity[10,11], and forceps delivery[9] which she was not certain was applied in any of her deliveries.

This patient is a farmer. Her occupation is a constant cause of intra abdominal pressure which has been proposed as one of the possible causes of urethral prolapse[16] and genital prolapse[10]. There is no reported case in our series of a woman of reproductive age and published article on this is scanty[8].

Another possible cause may be congenital separation of the smooth muscle layer of the urethral mucosa[3], which added to the poor obstetric management and high parity would most probably lead to this very uncommon occurrence. The associated utero-vaginal prolapse would seem to confirm a congenital weakness of the pelvic supports added to prolonged labour in a multiparous woman. The effect of oestrogen deficiency as seen in premenarchial and postmenopausal women may not be a factor here since her monthly cycle is regular.

Urethral prolapse is symptomatic in postmenopausal women, but mostly asymptomatic in premenarchial girls[16]. The commonest presenting symptom is vaginal bleeding which was not seen in this patient; the next is vulval mass which was seen. The mild lower abdominal pain may be due to the genital prolapse and urinary tract infection which is commonly associated with urethral prolapse in postmenopausal women[12].

Clinical differentiation of this benign lesion from malignancy may not be satisfactory except after subjection to histology which was not done for our patient[13]. Malignant lesions will not respond medically as did hers.

The treatment of urethral prolapse range from medical to surgical[3]. Surgical treatment is mostly definitive[3,12] but was not applied to this patient. The urethral prolapse resolved after the medical treatment with metronidazole and ciprofloxacin. There are works done by some authors who advocate medical treatment instead of surgical[5].

It is clear that urethral prolapse does occur in the reproductive age group, though a very rare condition. Proper antenatal care and well supervised labour and delivery with improved socio-economic status and academic ability of the woman may make this condition almost extinct. Surgical treatment has remained the best form of treatment, though many respond satisfactorily to medical treatment as did this patient.

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