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CASE STUDY

PREMENARCHEAL URETHRAL PROLAPSE

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ABSTRACT

Urethral mucosa prolapse before menarche and so in the child is an uncommon entity that affects the distal urethra and is rarely diagnosed. It is associated with significant morbidity and there is a danger of urethral loss if appropriate treatment is not initiated promptly. Here we manage a case of urethral prolapse by medical management.

Case report: A Patient of age 7 yr belonging from low socio economical condition presented in our OPD with a complain of vaginal bleeding & painful micturation for 1 month. My patient was on anti biotic & antifungal for last 15 days. On pre operative evaluation urine culture was within normal limit, USG within normal limit.

Patient was treated by medical management with estrogen ointment successfully.

Conclusion: Though a rare condition, medical management of premenarcheal urethral mucosa prolapse is associated with good outcome.

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INTRODUCTION

Urethral mucosa prolapse is a condition that occurs when the mucosa protrudes through the external urethral meatus, resulting in a congested and oedematous reddish purple mass that bleeds. Urethral prolapse has an estimated incidence of 1 in 3,000. It is seen commonly in prepubertal girls and postmenopausal women mainly due to hormonal deficiency. It may be acute or chronic. Acute urethral prolapse is seen mostly in old age and in childhood. Here is a case of 7 yr old girl that was managed medically.

MATERIALS AND METHODS

7 yr old girl was diagnosed & managed by medical treatment. Clinical presentation, pre-operative evaluation and outcome were analyzed. The examination was done under general anesthesia. The patient was followed up for 6 months. Estrogen ointment application was done.

RESULTS

Childhood urethral mucosal prolapse in pre pubertal girl clinical presentation were genital bleeding & painful micturation. Examination revealed congested and inflamed circumferential mass around the urethral meatus.

Topical application of estrogen was done for 1 month. There was no recurrence in the follow up period of 1,2 and 6 months.



Fig. 1. Urethral Prolapse

DISCUSSION

Prolapse of the urethral mucosa is said to occur when the rest of the urethra remains in its normal position, but the mucosa becomes loosened from its submucous attachment and is gradually extruded through the external urethral meatus. This condition commonly occurs mainly premenarcheal & post menopausal. The aetiology is not clear but various predisposing factors have been identified, they are; inadequate perineal

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muscular attachment, episodic increase in intra-abdominal pressure, oestrogen deficiency and mucosal redundancy. Once the urethral mucosa prolapses, there is constriction of the prolapsed mucosa in a circumferential pattern by the muscular tone of the urethral meatus, resulting in oedema, congestion, strangulation and necrosis. The diagnosis is based on clinical feature of circumferential oedematous reddish purple tissue prolapsing through the urethral meatus. Laboratory and radiologic evaluation are not necessary in most cases. Differential diagnosis to be excluded are caruncle, prolapsing urethrocele, condylomata, urethral papilloma, polyp vaginal rhabdomyosarcoma, imperforate hymen and sexual abuse. Treatment options available are medical and surgical treatment. Medical treatment involves the use of sitz bath, local application of antibiotics and steroids. Surgical treatment include; ligation of mucosa over a catheter, cauterization of the mucosa, excision of the mucosa with a catheter insitu. Surgical treatment have high risk of post operative meatal stenosis.

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