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RESEARCH ARTICLE

ANGIOMATOUS URETHRAL CARUNCLE LEADING TO POSTMENOPAUSAL BLEEDING RARE CAUSE: A CASE REPORT

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Abstract

The Urethral Caruncle Is A Benign Vascular Tumor Which Usually Arises From The Posterior Lip Of The Urethral Meatus. It Represent The Most Common Lesion Of The Female Urethra And Occurs Primarily In Post Menopausal Women.[1] Most Cases are Asymptomatic, But Sometimes, Patients Feel A Lump Or Bleeding At The Urethral . Symptoms Are Dysuria, Dyspareunia, Hematuria, Retention Of Urine And Rerally A Sensation Of Pressure In The Perineal Region.[2] Giant Urethral Caruncle Presenting As Genital Prolapse.[3] And As A Cause Of Acute Urinary Retention.[2] Has Been Described In Literature.

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Introduction:-

It Was First Described By Samuel Sharp The Urethral Caruncle Is A Benign Red Swelling That Protrudes Out Of The Mucosa Of The Posterior Wall Of The External Urethral Meatus. It Is Uncommon Condition That Is Usually Observed In Elderly Women After Menopause.

Case Report:

A 65 Year Old Female Presented To The Clinic With Bleeding On And Off Since 1 Year, H/O Hysterectomy Done For 25 Year Back. C/O Difficult In Passing Urine With Retention. Sometimes Passing Of Urine By Manipulation. General Examination Was Unremarkable Except Soft Mass That Measures 3.0x 1.0x 0.5 Cm At The Posterior Wall Of The External Urethral Meatus.[Figure 1]

Her Family History Was Unremarkable. The Bleeding Was Diagnosed Initially As Post Menopausal Bleeding. She Was Counseled For Management Option And Underwent Surgical Intervention. She Was Booked For Day Care Surgery, Her Bladder Was Catheterized With Folley's Catheter Surgical Excision Of The Caruncle Was Performed Under Spinal Anaesthesia Using Cautery, Urethral Tissue Measures 2.5x0.75x0.5 Cm Send For Histopathological Analysis. The Patient Had A Good Recovery Post Operatively With No Complication.[Figure 2]

On Histopathological Examination, The Gross Specimen Revealed Hyperplastic And Papillomatous Urethral Mucosa, The Submucosa Is Fibrotic And Shows Extensive Dilated Thrombosed Blood Vessel With Neovascularization, No Evidence Of Any Invasive Malignancy.[Figure 3]

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Conclusion:-

Urethral Caruncle Is The Most Common Lesion Of Female Urethra And Is Often Observed In Post Menopausal Women. It Consist Of Vascular Connective Tissue Loosely Surrounded With Transitional And Stratified Squamous Epithelial Cells. The Most Important Risk Factor In Its Etiology Is Hypoestrogenemia.[4] They Are Inflammatory Nodules Arising At The Posterior Lip Of The External Yrethral Meatus,Present As Solitary,Soft ,Raspberry Like Pedunculated Tumor.[1] Urethral Caruncle In 32% Of Cases Are Asymptomatic When Present The Most Common Symptoms Are Dysuria, Pain Or Discomfort,Dyspareunia And Rarely Bleeding.The Mass May Be Large And Bleeds Easily.[5] Although The Initial Medical Treatment Is Topical Estrogen Cream And Anti-Inflammatory Drugs,Symptomatic And Large Lesion May Be Surgically Excised.[2]

Declaration Of Patient Consent:

The Authors Certify That They Have Obtained All Appropriate Patient Consent Forms, In The Form The Patient Has Given Her Consent For Their Images And Other Clinical Information To Be Reported In The Journal. The Patient Understand That Their Names And Initials Will Not Be Published And Due Efforts Will Be Made To Conceal Their Identify,But Anonymity Cannot Be Guaranteed.

Pre surgery clip(figure 1)

Post surgery clip [figure2]

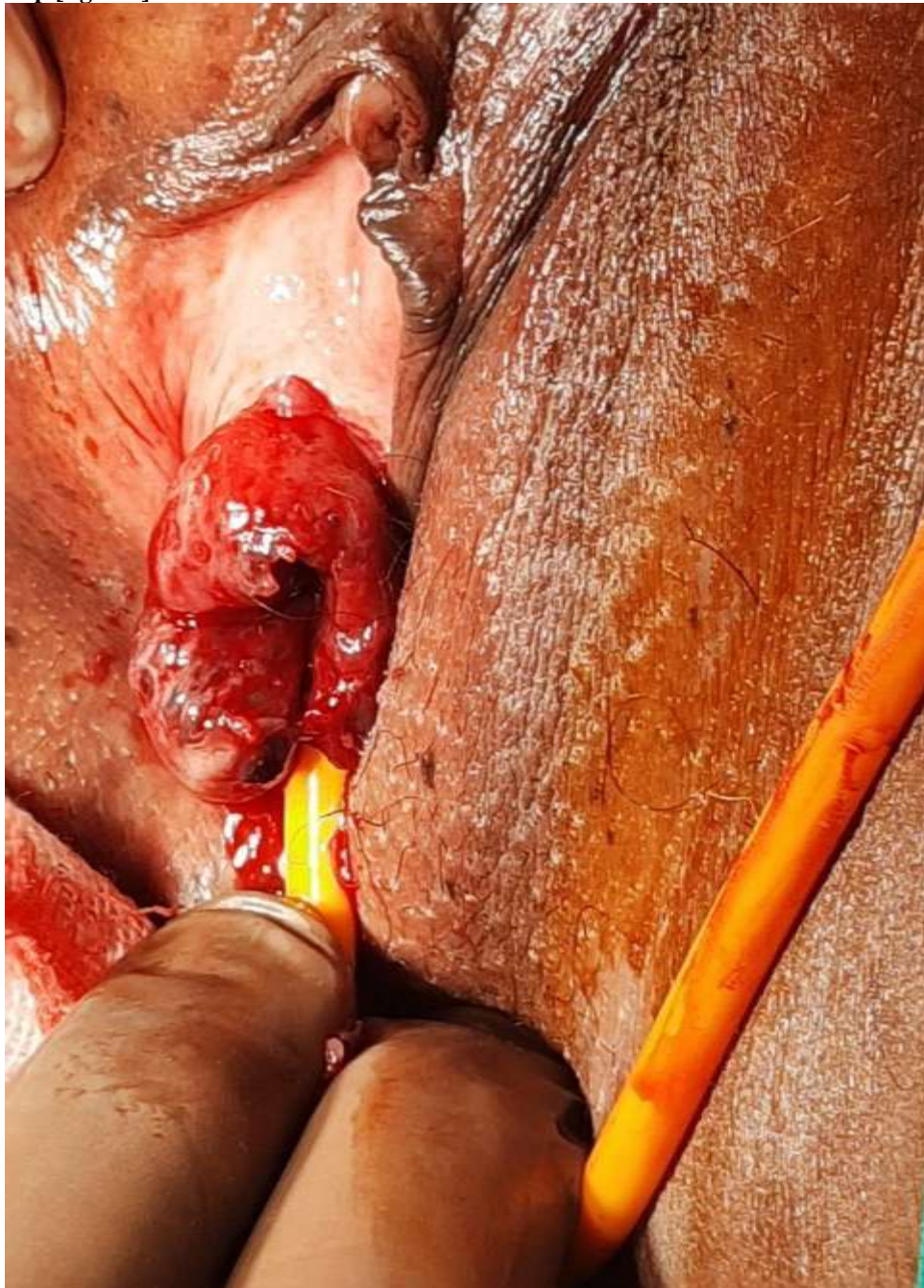


Figure 3:-

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 Home Blood Sample Collection: 0731-4774300

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Patient Name: Mrs. KRISHNA MAHESHWARI / MRN-220602880
 Age / Gender: 65 Yr /Female
 Address: Indore, MADHYA PRADESH
 Req. Doctor: DR. KOMAL VIJAYVARGIYA
 Regn. Number: WALKIN.22-23-9409

Request Date: 15-06-2022 04:56 PM
 Collection Date: 15-06-2022 05:10 PM
 TAT: 47:26 (HH:MM)

Reporting Date: 17-06-2022 04:36 PM
 Report Status: Finalized
 Acceptance Date: 15-06-2022 05:10 PM
 Sample ID: H-CHL-19-3042
 Sample Type: TISSUE

DEPARTMENT OF HISTOPATHOLOGY

NATURE OF SPECIMEN: Histopath No: H-CHL- 3747/22
 Circumferential growth arising from distal urethra.

GROSS:
 Tissue measures 3.0 x 1.0 x 0.5 c.m. Cut surface brownish soft bisected. (1 Block).

MICROSCOPIC:
 Section shows hyperplastic and papillomatous urethral mucosa. The submucosa is fibrotic and shows extensive dilated thrombosed blood vessels with neovascularization. No evidence of any invasive malignancy.

IMPRESSION:
FEATURES AREA OF ANGIOMATOUS URETHRAL CARUNCLE.
THE LESION IS BENIGN.

"The report relates only to the sample submitted".
 All paraffin blocks are given with the report. Please preserve them carefully.

Note: Retention period is as specified below : Histopathology : Specimens – 30 days ; Slides – 10 Yrs.
 Cytopathology: Body Fluids – 24 hours at 2 – 8 degree C; Slides – 5 Yrs.

Prepared by
 DIVESH BANKER

Dr. Qutbuddin Chahwala
 Surgical Patho
 Reg.MP

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