

CASE REPORT

URETHRA OR UTERUS – HISTOPATHOLOGICAL SIMILARITY, RARE CASE PRESENTATION OF FEMALE URETHRAL LEIOMYOMA

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ABSTRACT

Introduction: Most common benign tumours of smooth muscle is leiomyoma which is frequently seen in uterus. Extrauterine leiomyoma are rare especially in the deep soft tissue like female urethra. Thus, presence of a urethra mass poses a significant diagnostic challenge as its differential diagnosis includes an extensive list of both benign and malignant pathologies of gynaecological or urologic origin. We describe an unusual case of urethral leiomyoma that was mistaken as bladder mass.

Objective: Review the diagnosis and evaluation, summarize the treatment of urethral leiomyoma.

Methods: A 23 yr. old female presented to our department with complains of increased frequency of micturition and lower abdominal pain since 2 months. CT KUB suggestive of well defined mild homogenously enhancing soft tissue density polypoidal mass lesion in proximal urethra indenting on base of bladder with intravesical extension likely suggestive of benign neoplastic mass. The patient underwent transurethral resection of the urethral mass under spinal anaesthesia.

Results: HPE S/o Benign spindle cell lesion of urethral tumour IHC = SMA & Vimentin – Positive suggestive of leiomyoma.

Conclusion: Urethral leiomyoma is rare and poses diagnostic difficulty to a certain degree. Complete surgical excision was recommended for HPE confirmation.

INTRODUCTION

Most common benign tumours of smooth muscle is leiomyoma which is frequently seen in uterus. Extrauterine leiomyoma are rare especially in the deep soft tissue like female urethra. Thus, presence of a urethra mass poses a significant diagnostic challenge as its differential diagnosis includes an extensive list of both benign and malignant pathologies of gynaecological or urologic origin. We describe an unusual case of urethral leiomyoma that was mistaken as bladder mass.

Case report : A 23 yr. old female presented to our department with complains of increased frequency of micturition and lower abdominal pain since 2 months. USG suggestive of polypoid echogenic lesion in Urinary bladder.



USG OF BLADDER

CT KUB suggestive of well-defined mild homogenously enhancing soft tissue density polypoidal mass lesion in proximal urethra indenting on base of bladder with intravesical extension likely suggestive of benign neoplastic mass.



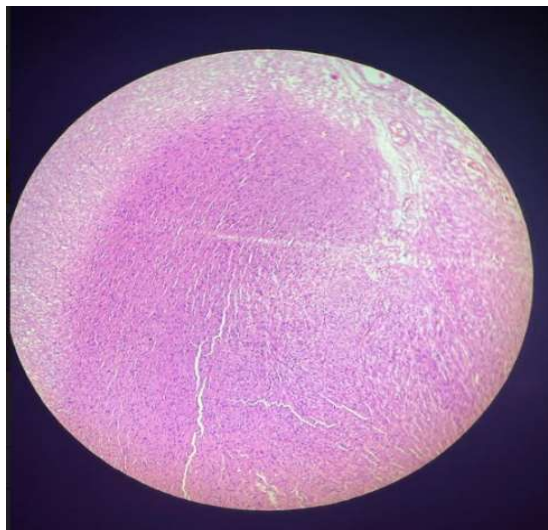
CECT KUB

Treatment: Patient underwent Transurethral resection of urethral mass under SA.

Intra op findings: Mass noted arising just proximal to sphincter from 1'0 clock to 3'0 clock position extending into proximal urethra & bladder neck.

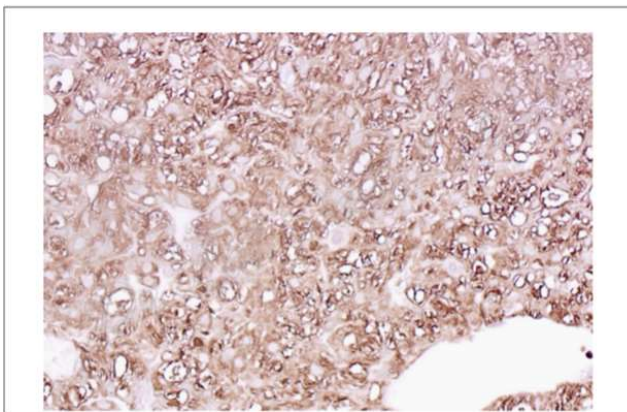
Histopathology: Polypoidal tissue lined by transitional epithelium. Sub epithelium shows un capsulated nodule with spindle cells arranged in sheets. No necrosis/ atypia

Impression -Benign spindle lesion of urethra

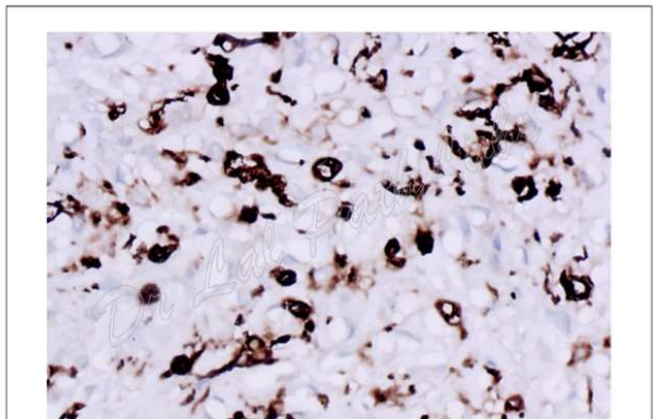


HPE image

IHC



SMA- IMMUNOREACTIVE IN TUMOR CELLS



VIMENTIN- IMMUNOREACTIVE IN TUMOR CELLS

Follow up: Post operatively catheter was removed after 3 days and patient is urinating well and no urinary incontinence. USG suggestive of normal study. No LUTS

DISCUSSION

Urethral leiomyoma is a rare condition affecting more women than men (1)

- It may develop in any segment of the urethra, but most frequently involves the proximal segment.(2)
- Migliari *et al.* noted that neoplasms located at 12 or 6 o'clock lead to obstructive urination symptoms, whereas laterally dislocated leiomyomas are more likely to manifest with irritative complaints.(4)

CONCLUSION

- Urethral leiomyoma is a rare benign tumour with difficult diagnosis by a primary care physician or the one not specializing in urogynaecology.
- Urethral leiomyoma can be successfully removed with good oncological and functional outcomes.
- Surgical resection is the only treatment for urethral leiomyoma that can ensure long-term disease-free survival.(3)
- Fortunately, to date, there had been no malignant transformation being reported.

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