URETHRAL MASS

OVERVIEW

The urethra is a tube-like organ the carries urine from the bladder out of the body. In females the urethra is short and located in front of the vagina. Normal urine flow is painless and does not have any visible blood. Occasionally benign lesions or masses may form that disrupt this process. These lesions can include urethral diverticulum, paraurethral cysts, urethral caruncle, and urethral prolapse. Many of these lesions can be treated with nonsurgical interventions, but severe cases may require surgery.

SYMPTOMS

Patient with urethral masses can experience a variety of symptoms including:

- UTI symptoms
- Pelvic pain
- Urinary urgency and frequency
- Pain with sexual intercourse
- Urinary leakage
- Blood in urine
- Trouble emptying bladder

DIAGNOSIS

Diagnosis of urethral masses is typically done by pelvic exam as well as a detailed medical history. Urine studies and a bladder ultrasound may also be done to help rule out other issues.

Imagining studies including an MRI or pelvic ultrasound may be done to help determine size of the mass and to ensure no other concerning features.

Your doctor may perform invasive testing such as cystoscopy where a tiny camera inside a long thin tube is inserted through the urethra to inspect the lining of the urethra.

TREATMENT

Based on the type of urethral mass you are diagnosed with, there may be a variety of treatments your doctor may recommend.

URETHRAL DIVERTICULUM

Surgical excision is typically the treatment of choice. Occasionally patients who are not bothered by their symptoms may wait until they worsen prior to surgery.

PARAURETHRAL CYST

These often shrink or drain with no intervention and if you have mild symptoms they can be watched. If a blockage, infection, or pain worsens then your doctor may open the cyst to drain it and ease your symptoms

URETHRAL CARUNCLE

If symptoms are mild these can be watched or treated with sitz baths and estrogen cream therapy. In severe cases surgical excision may be warranted

URETHRAL PROLAPSE

Most people with urethral prolapse are treated with observation or sitz baths and estrogen cream therapy. Rarely is surgical excision required for the prolapsed tissue.

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URETHRAL DIVERTICULECTOMY

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A urethral diverticulum is a pocket or pouch that forms along the urethra. Occasionally this pocket can become infected or form stones. It is removed in a vaginal procedure done under general anesthesia. An incision is made in the vagina over the diverticulum and it is removed. After removal there is usually an opening in the urethra that must be closed in multiple layers to ensure a new opening does not form between the vagina and urethra. You typically will go home after surgery with a catheter in place for 1-2 weeks.

WHAT TO EXPECT AFTERWARDS:

- Vaginal bleeding similar to a heavy to moderate period is normal for several weeks after surgery.
- Some pelvic pressure or discomfort. If severe, let your doctor know.
- Bladder spasms from the catheter
- You will be instructed to do no heavy lifting, intercourse, bathing or swimming in a pool for 6 weeks.
- You may shower the next day, drive when you are no longer on pain medicine and moving your legs normally, and resume normal daily activities as tolerated.

SUBURETHRAL DIVERTICULECTOMY COMING SOON!

URETHRAL CARUNCLE EXCISION

URETHRAL CARUNCLE

A urethral caruncle is a benign lesion seen on the female urethra. They typically occur in post-menopausal women. They are usually small and have no symptoms. In severe cases they may present with spotting of blood in the underwear or may be felt as a mass on the outside of the urethra. On exam they may appear as a red bump on the urethra. They are not typically painful, however can rarely thrombose and become painful.

They are usually diagnosed on pelvic exam. Treatment is generally conservative using sitz baths, vaginal estrogens and anti-inflammatories. In cases of large or painful lesions surgical excision may be required. This is typically done under a light sedation and will include a cystoscopy (scope in the bladder) and a foley catheter for a short period of time. Healing is usually quick although there is a small risk of stenosis or narrowing of the urethra.

What causes urethral prolapse?

The actual cause of this condition isn't known. Some theories are a racial predisposition, poor muscle attachment of the urethral mucosa, not enough estrogen, and bad positioning of the urethra.

Is a urethral diverticulum a common condition?

It is relatively uncommon, although it is diagnosed more often today due to better imaging techniques. These are most often seen in women between the ages of 30 and 60.

What caused a urethral diverticulum?

The cause isn't always known. There may be a link to chronic bladder infections may weaken the urethral wall. Blockages in periurethral glands may also contribute.