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CASE REPORT

BULBAR URETHRAL CARCINOMA MASQUERADING AS STRICTURE URETHRA: A RARE CASE

***Dr. Vishal Naik, Dr. Srinath, N., Dr. Prathvi Shetty, Dr. Sreedhar Reddy, Dr. Deepak Bolbondi, Dr. Raju, L.N., Dr. Shivendra Aggarwal, Dr. Sreeniketh Reddy and Dr. Prudhvi Reddy**

Rajarajeswari Medical College and Hospital, Bangalore, India

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ABSTRACT

Urethral stricture disease is a common urological condition, resulting from trauma and infection. We want to report a case of urethral carcinoma which was mistaken to be benign urethral stricture disease. Signs and symptoms of urethral cancer are neither diagnostic or pathognomonic.

INTRODUCTION

Urethral stricture disease is a common urological condition, resulting from trauma and infection. We want to report a case of urethral carcinoma which was mistaken to be benign urethral stricture disease. Signs and symptoms of urethral cancer are neither diagnostic or pathognomonic.

CASE REPORT

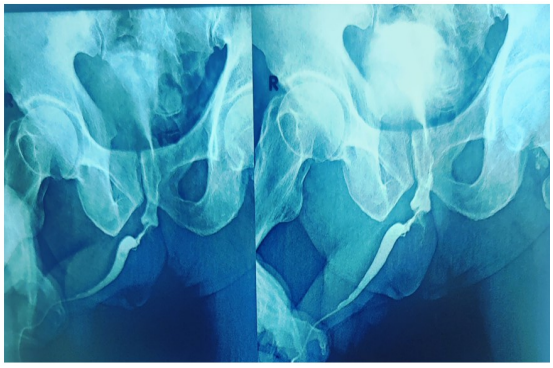
57-year-old presented with history of poor urinary stream and acute urinary retention 4 months ago. At local hospital, urethral dilatation and catheterization was unsuccessful. RGU-MCU suggested bulbar urethral stricture. He was referred to a district hospital where VIU was attempted, but failed. SPC was done and patient was discharged. Few days later, patient developed multiple scrotal abscesses with severe pain and fever, for which multiple scrotal I&D was done. Patient underwent periodic dressings for 3 months with no significant improvement. Patient was referred to us for further management of stricture. At presentation patient was febrile, with multiple unhealthy scrotal wounds draining foul purulent discharge. Pus culture grew E.coli& Klebsiella.

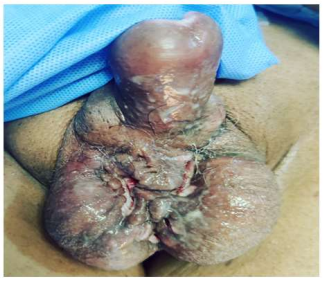
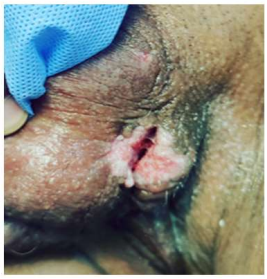
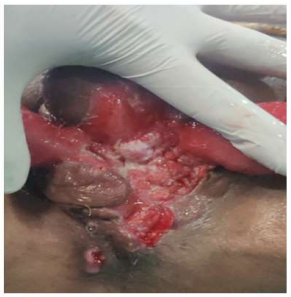
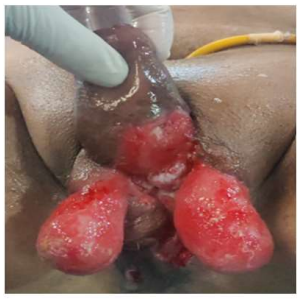
Corresponding author:** ***Dr. Vishal Naik,
Rajarajeswari Medical College and Hospital, Bangalore, India

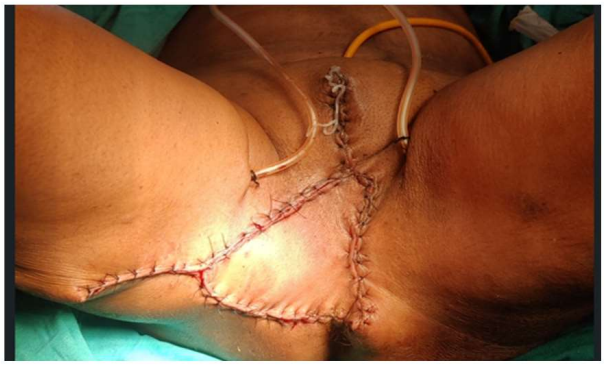
On examination, there were

- Multiple scrotal wounds
- One ulcer had suspicious everted rolled-out margin. Wedge biopsy taken under LA. Histopathology surprisingly revealed well differentiated squamous cell carcinoma. Patient underwent wide local excision of malignant ulcer with excision of inflammatory phlegmon (near total scrotectomy). Inflammatory phlegmon was extending to base of the penis along the spongy urethra and onto bulbar urethra. All necrotic tissue was excised.

To our surprise, histopathology of the excised specimen showed presence of Multiple noncontiguous foci of well differentiated SCC, all over the excised inflammatory phlegmon specimen and in deeper tissue along the bulbar urethra and base of penis.



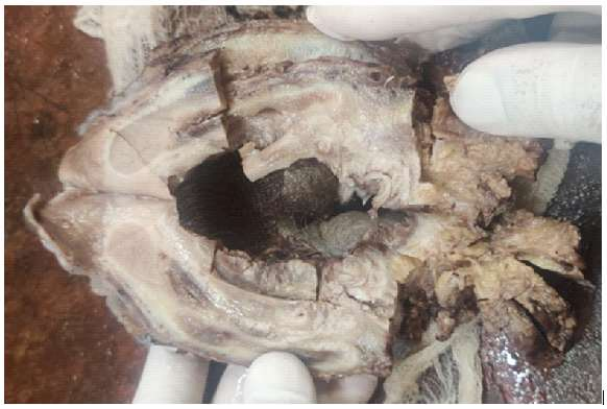







Thus, patient was counselled and underwent total penectomy with wide local excision of bulbar urethra with excision of perineum and complete scrotum to get margin negative resection. Wound was closed with V-Y advancement flap from thigh with permanent SPC. Intra op Frozen section used to confirm negative margins.

FINAL HPR

Well differentiated squamous cell carcinoma involving 2cms of bulbar urethra with 50% of root of penis, penile shaft and with satellite nodules on perineal skin and scrotum.



Resected margins free of tumor.Bilateral superficial inguinal block dissection was done which showed only inflammatory nodes.

DISCUSSION

Urethral cancer has Insidious onset and patients present with symptoms attributable to benign stricture disease (i.e. BOO, overflow incontinence) than malignancy (perineal pain, hematuria). Often completely asymptomatic except for hard nodular area in perineum/ labia. These are often highly locally advanced at presentation. (Urethral fistulae, abscess formation and necrosis) .Urine cytology often has poor diagnostic sensitivity. Staging is done by chest X ray, CECT chest-abd-pelvis- perineum. Radionucleide bone scan is indicated in locally advanced disease, bone pains or if alkaline phosphatase is raised. CEMRI- contrast extravasation hints at fistula and also helps to assess lymphadenopathy and local invasion. Irregular shaped urethra, ulceration, papular areas, mass on cystoscopy is a pointer. PET is indicated only if metastatic disease is suspected. Common histologyare transitional cell cancer in 50%, squamous cell cancer in21% and adenocarcinoma in 16%. Due to rarity of disease and lack of high quality data, no strong consensus has been reached on management of primary urethral cancer. High heterogenicity of treatment regimens and study population in large multicenter trials, have limited interpretation of results.

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