Case Report

A rare case of giant primary calculus in female urethral diverticulum

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ABSTRACT

The female urethral diverticulum is a rare clinical entity and presence of primary stone in the diverticulum makes it rarer. We are reporting a case of a 60 year old woman who has consulted for hard vaginal mass associated with repeated urinary infections. The diverticulum was excised transvaginally along with extraction of giant stone of 3.5 cm, successfully.

Keywords: Female urethral diverticulum, Giant calculus

INTRODUCTION

The presence of urethral stones is rare. Urethral diverticula are estimated to occur in 1–6% of Women; although usually diagnosed between the third and fifth decade of life they can affect all age groups.⁵ Stagnant urine, salt deposition and urothelial mucus also predispose to calculus formation in 1.5–10% of urethral diverticula.⁶ As a result of the presence of a short urethra and the low rate of formation of vesicle stones, this pathology is even rarer in women.⁴ Here we are reporting a case of a woman with a giant calculus in a urethral diverticulum.

CASE REPORT

A 60-year-old housewife presented to us with episodes of frequency/urgency in micturition, dysuria, for last 5 months. She also noted heaviness and lump in the anterior vaginal wall. Both the general and physical examination were normal, apart from the gynecologic examination that revealed a large mass of approximately 3 cm near the urethra as shown in Figure 1. It was hard and without crepitation. The routine blood chemistry was within normal limits. But urine analysis showed with pus cells in the urine.

Figure 1: Urethral diverticulum as round mass at the distal urethra.

Plain X-ray abdomen/pelvis area revealed a radio-opaque density of 3.5 cm size just at the level of pubis. Cystourethroscopy revealed the projection of the stone into the distal urethra with the bladder mucosa and trigone were normal without vesico-urethral reflex. Preoperatively injection of Levofloxacin (according to urine culture/sensitivity) was added for three days.

Before initiating the procedure (transvaginal diverticulectomy with removal of calculus), a Foley catheter no -16 were placed. A 3 cm longitudinal incision was made in the vaginal wall as shown in Figure 2.
mouthing diverticulum; (b) marsupialization of the diverticulum sac in to the vagina by incising the urethrovaginal septum; and (c) diverticulectomy with or without a reconstructive procedure.8

Urethral diverticula, although comparatively rare, are frequently under diagnosed due to a lack of clinical awareness. Often, the condition is diagnosed as interstitial cystitis, chronic pelvic pain and urethral syndrome among others. Therefore, a high index of suspicion is required in all patients with refractory nonspecific Urinary symptoms.

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REFERENCES
