Case Report: 
Usual Tumor at an Unusual Site - A Leiomyoma Masquerading as a Urethral Polyp.

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Abstract: Polyps and papillomas encompass the most common benign tumors of the urethra. Leiomyoma of urethra is a rare clinical entity which can be diagnosed only with histopathological examination and only around 35 such cases have been reported worldwide.

Key Words: Leiomyoma; Urethral Polyp.

Introduction
Leiomyoma of the urethra is a rare tumor occurring more frequently in females as compared to males. About 35 cases have been reported worldwide. Originating from the smooth muscles, leiomyoma is the most common tumor in the uterus, albeit, rarely it arises from smooth muscles in the kidney, the bladder and very rarely from the urethra.

Case Report
A 25 year old female presented with burning maturation of one month duration. She also complained of mass per vagina, white discharge per vagina and dyspareunia since six months. There was no history of postcoital bleeding, fever, weight loss or loss of appetite. Menstrual cycles were normal.

Local examination showed an irregular, red, freely mobile pedunculated, firm mass of 5 × 4 cm arising from anterior wall of the urethra. Urine microscopy showed plenty of pus cells. Other blood investigations were within normal limits. Cystoscopy was normal.

Hence a provisional diagnosis of urethral polyp was made. The mass was excised and sent for histopathological examination.

Gross Examination: Specimen consisted of a well defined globular mass measuring 5×4 cm [Fig.1]. External Surface was smooth. Cut Surface was solid, with whorled appearance.

Fig. 1: Photograph showing pendunculated mass of 5x4 cm arising from anterior wall of urethra
Fig. 2: Microphotograph showing leiomyoma lined by transitional epithelium

Microscopy: A well defined polyoidal mass composed of fascicles of smooth muscle cells intersecting at varying angles were seen. Individual cells had eosinophilic fibrillary cytoplasm and cigar shaped nucleus with fine nuclear chromatin. No atypia, mitosis or necrosis was noted. Hence a final diagnosis of Leiomyoma of Urethra was made.

Discussion
Most common benign tumors of the urethra include urethral polyp followed by inverted papilloma. However hemangiomias and adenomas have been reported. Malignant tumors of urethra include carcinomas, although malignant melanoma, lymphoma and metastatic tumor have been reported.

Leiomyoma of the urethra is an extremely uncommon tumor occurring more commonly in females as compared to males. Derived from the smooth muscles, it occurs most frequently in the uterus followed by dermis, genital areas and gastrointestinal tract. Genital leiomyomas crop up from the smooth muscle bundles located in the superficial subcutaneous tissue of the genital areas and structures that are topographically and functionally related to them such as the nipple, areola, axilla, scrotum, penis, vulva, labia majora and skin.

Presenting at the mean age of 34 years, urethral leiomyomas clinically manifest as periurethral masses, urinary tract infections, haematuria, dyspareunia and obstruction. Clinical differential diagnoses include urethral diverticulum, urethrocele, urethral carcinoma, Gartner’s duct cyst, papilloma, polyp and mesenchymal tumour. The first two lesions can be distinguished from others by careful clinical examination, cystourethroscopy and radiology of the lower urinary tract.1, 2, 3

Magnetic resonance imaging is useful in differentiating benign tumours like leiomyoma from clinically entities like urethral diverticulum and cysts. Transvaginal ultrasonography is very helpful in delineating the relationship of the lesion to urethra.3 However the diagnosis of leiomyoma is made only on histopathological examination. Simple surgical excision is the treatment of choice. There is usually no recurrence or malignant transformation. However recurrence was reported in one case in a patient with a tumor of more than 8cm in diameter.4

Conclusion: Though rare, leiomyomas should be considered in the differential diagnosis of patients presenting with urethral polyp.

References: