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A NOVEL STAGING SYSTEM FOR ANTERIOR URETHRAL STRICTURES

Hypothesis / aims of study

There is no commonly accepted staging system for anterior urethral strictures. Without an easy to use classification system, comparative outcome studies are restricted and application of data to clinical decisions by urologists is difficult. We present a new, easy to use staging system to classify anterior urethral strictures in men.

Study design, materials and methods

We evaluated a consecutive series of 100 men who underwent routine flexible cystoscopy for voiding complaints, hematuria, or bladder cancer surveillance and evaluated the presence of anterior urethral strictures based on the classification scheme that relies only on simple office flexible cystoscopy. Stage T0 is no stricture on cystoscopy. Stage T1 is a concentric scar that allows easy passage of a 16Fr flexible cystoscope. T2 is a stricture that requires dilation by the cystoscope. T3 is a stricture that cannot be dilated with the cystoscope. T4 strictures had no visible lumen. The stricture with the smallest lumen is used for staging.

Results

Mean age was 63.7 (Median 65.5 years). Of the 100 patients, 55 were staged T0, 22 T1, 10 were T2, 12 had T3 strictures and 1 had a T4 urethral stricture diagnosed by simple office cystoscopy. All T4 and T3 patients had prior treatment for strictures. 4/10 stage T2 strictures had prior stricture treatment. 2/22 stage T1 had treatment for stricture disease. No T0 patient had received prior treatment.

Interpretation of results

This novel anterior stricture staging system provides a good, graded tool to assess primary strictures and stricture recurrence.

Concluding message

Our new staging system is simple, easy to use and remember, and may help guide clinical decision making for urologists confronted with a urethral stricture. Additional studies are needed to determine the clinical relevance. If adopted, this staging system provides a common lexicon for clinical and academic discussion of strictures.

Disclosures

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