

PRESENTATION OF FEMALE URETHRAL DIVERTICULA: HOW COMMON IS THE CLASSIC TRIAD OF THE THREE “D’S”?

Hypothesis / aims of study

Historically, the clinical presentation of urethral diverticula have been associated with a classic triad of signs and symptoms including dysuria, dyspareunia and post void dribbling. In the modern era of diagnostic imaging, it is unclear whether such a pattern of presentation remains common.

We reviewed preoperative presenting symptoms in a series of patients undergoing transvaginal urethral diverticulectomy (TVUD) and assessed the improvement or resolution of these symptoms following surgical repair.

Study design, materials and methods

Following IRB approval, we reviewed the case records of 34 consecutive patients who underwent TVUD with or without concomitant procedures such as anti-incontinence surgery or Martius flap. Urinary symptoms were documented before and after surgery both subjectively via patient report as well as intake questionnaire. Diagnosis was confirmed with voiding-cystourethrogram (VCUG), CT and/or MRI. Any complaint at any time of the “classic triad” of dysuria, dyspareunia and post-void dribbling was considered positive for this study. Results of treatment were documented by physical examination, patient symptom assessment and imaging including VCUG, MRI, and/or CT.

Results

The mean age of the patients was 51 year old (y.o.) (range 34 years to 75 years). Eighteen patients were African-American, 14 were Caucasian and 2 were Hispanics. The most common presenting symptoms were dyspareunia (68%), vaginal mass (65%), stress urinary incontinence (SUI) (65%), recurrent urinary tract infection (UTI) (67%), urinary urgency (50%), dysuria (44%) and urinary frequency (38%). The classic triad was present in only 12% of patients. On physical examination the most common findings were a tender anterior vaginal wall (55%) and urethral discharge (41%) and 15% of patients were incidentally diagnosed during physical examination. At a mean postoperative follow-up of 16 months (range 1 to 71), the most common symptoms were reported as frequency (12 %), dyspareunia (6%), and recurrent UTI (6%). Symptomatic or demonstrable SUI persisted in 15 % and developed de-novo in 3 %. One patient had a recurrent UD at 18 months postoperatively requiring repeat TVUD. No patient has reported a classic triad after surgery.

Symptoms	Incidence in %
Dyspareunia	68
Vaginal mass	65
SUI	65
UTI	67
Urinary Urgency	50
Dysuria	44
Urinary frequency	35
Tender vaginal	55
Urethral discharge	41
Post void dribbling	12
Classic Triade	12

Interpretation of results

Voiding bladder symptoms (Irritative voiding symptoms), SUI, vaginal mass, and dyspareunia are the most common presentations in woman with UD. The classic triad of the “3 D’s” is an uncommon presentation and thus patients without these symptoms should not be excluded from further evaluation for UD. Surgical reconstruction results in resolution of the majority of presenting symptoms.

Concluding message

Classic triade should not be considered as a classic presentation in UD patients as this could mislead many physician resulting in delaying diagnosis and treatment.

Disclosures

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