

TRANSVAGINAL URETHRAL DIVERTICULUM EXCISION IN FEMALE PATIENT

Introduction

Urethral diverticulum(UD) is rare condition and it may cause irritative lower urinary tract symptoms, recurrent urinary tract infection, dysuria, dyspareunia and dribbling(3D) in female patients. In this case, we present a video demonstrating about 42 year-old woman who presented with palpable vaginal mass and voiding difficulty following fourth vaginal birth. On physical examination, we palpated a mass in 4x5 cm diameter at anterior vaginal wall. We observed cystic mass filled with contrast agent during urethrography and transvaginal ultrasound revealed a hypoechoic mass (37x45 mm diameter) arising from posterior urethral wall.

Design

First, we performed urethrocystoscopy to evaluate ostium of UD. We observed ostium on posterior urethral wall at level of middle third of the urethra. We inserted a 10F suprapubic catheter under direct cystoscopic visual guidance. Then, inverted U incision was made on anterior vaginal wall. Vaginal mucosa was dissected sharply and it was mobilized. We identified periurethral fascia and it was incised transversly. Proximal and distal layers of periurethral fascia were carefully dissected for avoiding UD perforation. UD was dissected sharply from surrounding tissue. The UD connection to the urethra was identified and UD was completely removed. Suspension stitches were placed to urethral defect and a hegar dilator (No: 6) was placed to prevent suturing of posterior urethral wall before closure. The urethral defect was repaired in watertight fashion with continuous absorbable suture. The urethra was irrigated with saline and we observed no extravasation. A 16F foley urethral catheter was placed. Paraurethral surrounding tissue was used to create 2 additional closure layers to prevent cavity formation between anterior vagina wall and posterior urethra wall. The periurethral fascia and vaginal mucosa incisions were repaired with absorbable sutures.

Results

There was no complication and the patient was discharged at post-op second day. After we confirmed there was no extravasation, foley catheter was removed at post-op 21st day. Her symptoms improved completely even post-op 12th month.

Conclusion

Today, transvaginal diverticulectomy is successful treatment modality with low recurrence rate despite variety techniques (such as endoscopic unroofing, marsupialization and fulgurating) were described for UD treatment previously.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This study (video abstract) consist of a patient who received written informed consent **Helsinki:** Yes **Informed Consent:** Yes