

URETHRAL DIVERTICULUM IN WOMEN: DIVERSE PRESENTATION RESULTING IN MANAGEMENT DILEMMA.

Hypothesis / aims of study

Urethral Diverticulum in Women is not an uncommon problem. The reported incidence of urethral diverticulum is 1.4-4.7% and they present commonly during the 3rd to 5th decade of life. High Index of suspicion is necessary in women with chronic irritative symptoms, not responding to conventional treatments. It is characterised by varied clinical presentations constituting a management dilemma.

We describe various clinical presentations of urethral diverticulum, which may mimic other pelvic floor disorders and result in diagnostic delay. Management and outcome results are reported.

Study design, materials and methods

We reviewed 7 cases of urethral Diverticulum presented to the urogynaecology department between January 2006 and February 2008 prospectively. Patient demographics, History, clinical evaluation, diagnostic modalities and management plans were reviewed. All of them underwent Magnetic Resonance Imaging (MRI) prior to the procedure.

Results

Mean patient age was 45.6yrs (range 34-73). The symptoms included recurrent urinary infections 4(57%), dysuria, dyspareunia, urgency and frequency 3(43%). The Diverticulum was an incidental finding on vaginal examination in 3 cases (43%). The mean time from onset of symptoms to diagnosis of a urethral diverticulum was 24 months. Magnetic Resonance Imaging (MRI) identified the urethral diverticulum in all cases while voiding cystourethrography confirmed the diagnosis in 2 (28.5 %). Transvaginal diverticulectomy was done in 3 women who were symptomatic (43%). Postoperative evaluation revealed complete resolution of symptoms which included recurrent UTI, dysuria and dyspareunia. One patient was unsure of surgery, whilst conservative approach was opted for asymptomatic patients 3(43%). The use of preoperative MRI altered the management in 2(28.5%) of women.

Interpretation of results

This study shows that women with urethral diverticulum presents with various symptomatology. MRI was diagnostic in all cases.

Concluding message

This condition should be considered in women with recurrent UTI, dysuria, dyspareunia and irritative voiding symptoms not responding to conservative therapy. Surgical excision is the treatment of choice for symptomatic patients. Asymptomatic patients are followed conservatively. MRI appears to be the gold standard for diagnosing urethral diverticulum¹.

References

Int Urogynecol J Pelvic Floor Dysfunct. 2007 Mar;18(3):315-9. Epub 2006 Jun 15

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	It is not required
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes