

Condyloma of the urethra in women: A case report

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Abstract

Condyloma acuminata or warts are benign lesions caused by the human papilloma virus (HPV) ; sexually transmitted, it affects both men and women and is often found in adults in the anal or genital area . However, the urethral localization of condyloma in women is very rare and can be the origin of an obstruction hindering the flow of urine. We report the case of a young woman complaining of difficulties in urinating, the clinical examination found a small solid mass delivered by the urethral meatus. the answer of the anatomopathological study was an acuminous condyloma of the urethra, this last one can be treated by a local excision as an effective method allowing an early improvement of the bladder outlet.

Keywords: Human Papillomavirus (HPV); Cervical Cancer; Surgery Approach; Anatomopathological; Condyloma of The Urethra

1. Introduction

Condyloma acuminata is a rare entity that can affect the lower urinary tract and cause obstructive signs or even complete retention of urine. We report in this presentation a case of condyloma of the urethra in a woman consulting for urinary signs of the lower tract.

2. Case Presentation

A 55-year-old patient, reporting no previous history, who had been presenting for more than 6 months with urinary signs of the lower tract made up of dysuria, a sensation of incomplete emptying of her bladder, without haematuria or micturition burns. The clinical examination revealed a small, whitish, solid, budding mass with a verrucous appearance of about 2 cm protruding through the urethral meatus (figure 1).

The cyto bacteriological study of the urine (ECBU) was sterile, the maximum flow rate (Q max) studied by a flowmeter showed a slightly low value of 18 ml/s for a urine volume of 250 ml, the post mictional residue was almost insignificant at 30 ml . A complete excision of the mass was performed under rachi anesthesia (figure 2 . The anatomopahtological study described a hyperplastic squamous epithelium characterized by an epithelial proliferation of papillary architecture made of connective tissue axis and comprising numerous koilocytes. It is surmounted by an ortho and parakeratotic keratosis. The postoperative follow-up was without particularities, and a clinical improvement with disappearance of the symptoms one week after the surgical act. A cervico vaginal smear carried out by the gynecologist did not show any abnormality.

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Figure 1 Clinical picture showing a condyloma acuminata delivered through the urethra (CHU HASSAN II FES)



Figure 2 Clinical picture showing the aspect of the urethra after excision of the condyloma acuminata

3. Discussion

Urinary retention, the inability to empty the bladder completely, is a common problem in women that can have various causes. According to Patel and Nitti (2001) [1], bladder outlet obstruction is one of the most common causes of urinary retention in women. The authors reported a prevalence of 1-40% of bladder outlet obstruction in women, which can be caused by a variety of factors including pelvic organ prolapse, urethral diverticula, and neurogenic bladder dysfunction. In their study, Patel and Nitti highlighted the importance of recognizing and appropriately managing bladder outlet obstruction to prevent long-term complications such as recurrent urinary tract infections and renal dysfunction. McCrery and Appell (2006) [2] further discussed the various causes of bladder outlet obstruction in women, including iatrogenic (e.g., following surgery or radiation therapy), anatomic (e.g., urethral stenosis or prolapse), and neurogenic (e.g., spinal cord injury or multiple sclerosis). The authors emphasized the importance of a thorough evaluation to identify the cause of urinary retention and the appropriate management approach. While most cases of urinary retention are not infectious in nature, Vella et al. (2011) [3] and Shih et al. (2008) [4] reported on two cases of acute urinary retention in women caused by viral infections. Vella et al. described a case of acute urinary retention in a woman with S1 herpes zoster localization, which resolved with antiviral therapy. Shih et al. reported an unusual case of acute urinary retention in a 7-year-old girl with cytomegalovirus cystitis, which required catheterization and antiviral therapy. Van den Ouden et al. (2001) [5] reported on a case of eosinophilic cystitis presenting as urinary retention in a woman. Eosinophilic cystitis is a rare inflammatory condition of the bladder that can cause various symptoms, including pain and urinary retention. The authors highlighted the importance of a thorough diagnostic evaluation to identify the underlying cause of urinary retention. Dupin (2004) [6] discussed genital warts, a common sexually transmitted infection caused by human papillomavirus (HPV), and its various clinical presentations. While genital warts typically do not cause urinary retention, Cinar et al. (2016) [7] reported on a rare case of meatal condyloma accuminata, a subtype of genital warts, causing acute urinary retention in a woman.

4. Conclusion

Condylomata acuminata of the urethra responsible for urinary tract obstruction are rarely seen. This presentation emphasizes that local excision of condylomata is an effective method for early improvement of micturition function. It should be kept in mind that even if condylomata are completely excised, patients should be referred to a gynecologist to screen for cervical cancer.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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