



PEDIATRIC UROLOGY
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Diagnosis and treatment of urethral prolapse in children: 16 years' experience with 89 Chinese girls



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KEYWORDS

Urethral prolapse;
Girls;
Management;
China

ABBREVIATIONS

BMI, body mass index;
FLACC, Face, Legs,
Activity, Cry, Consol-
ability (pain scale);
UP, urethral prolapse

Abstract Objective: To review our experience and results in the diagnosis and treatment of urethral prolapse (UP) in Chinese girls.

Patients and methods: We conducted a retrospective chart review of 89 consecutive girls (aged < 16 years) with UP and without other complications, who received treatment for UP from January 1999 to January 2015 (a study period of 16 years) at the Children's Hospital of Chongqing Medical University, China. Data analysed included: age, symptoms, clinical findings, predisposing factors, management, and outcomes.

Results: The presenting symptoms in the 89 girls were: mass (54 girls), bleeding (34), and dysuria/straining at micturition (one). In all, 14 patients received conservative treatment as their symptoms were mild, and 75 were successfully treated by excision of the prolapsed urethral mucosa or ligation over a Foley catheter, as their symptoms were severe and recurred too frequently to be managed conservatively. The mean postoperative length of stay for ligation was 7.76 days and for excision was 4.57 days. Ligation over a Foley catheter had a longer hospital stay.

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Conclusions: UP is a rare condition occurring in prepubertal girls, evidenced by a urethral mass and bleeding. Increased physician awareness and early recognition of UP avoids unnecessary examinations and patient anxiety.

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Introduction

Urethral prolapse (UP) is a rare condition, evidenced by a circular protrusion of the distal urethra through the external meatus, and it was first described in 1732 by Solingen [1]. The exact incidence of UP is not well known, with a suggested incidence of one in 3000, and it occurs most often in prepubertal Black females and postmenopausal White women [2–4]. However, the rate of misdiagnosis is high because of the rare morbidity [5,6]. Vaginal bleeding is the most common presenting symptom of UP and a perineal mass is often evident. Upon examination, a rounded ‘doughnut’-shaped mucosa can be seen protruding from the urethral opening and predisposing factors include: cough, trauma, and constipation. To date, to our knowledge, UP in prepubertal Chinese females has not been reported. The differential diagnoses of a urethral mass are broad, ranging from a simple urethral caruncle to rhabdomyosarcoma. Prolapse of a ureteric cyst, urethral or vaginal malignancy, ectopic ureterocele, condyloma are some common differential diagnosis. To date, published reports on UP have been predominantly in Black girls, with some reports in White girls, which suggest that UP occurs most often in January to July [7,8]. The purpose of the present study was to summarise the clinical manifestation and physical examination findings of the medical records of Chinese girls with UP in order to identify opportunities to improve diagnosis and treatment of UP. Increased physician awareness and early recognition of UP should avoid unnecessary examinations and patient anxiety.

Patients and methods

Study design

This retrospective analysis involved the review of the medical records of 89 girls who received treatment for UP from January 1999 to January 2015 (a study period of 16 years) at the Children’s Hospital of Chongqing Medical University (Department of Urinary Surgery), the largest and one of the most famous child-care hospitals in southwestern China.

The inclusion criteria included all girls aged < 16 years who had a diagnosis of UP. The exclusion criteria were: (i) no accurate pathological evidence of UP; (ii) concomitant other urinary tract malformation;

and (iii) lost to follow-up (follow-up information was obtained through out-patient records and telephone interviews; 14 cases were lost to follow-up).

The management options were conservative treatment or surgery for all girls who had UP. Conservative therapy consisted of bed rest, sitz baths, local applications of antibiotic and steroid cream, antispasmodic drugs, decontamination of the urinary tract, and manipulative reduction. These conservative measures can sometimes shorten the process of UP and can also help avoid complications of ligation over a Foley catheter (uncomfortable feeling, partial recurrence, infection, postoperative pain).

Lack of response to conservative treatment or recurrence of UP (recurrence after conservative treatment was defined as a lump protruding from the urethra, genital haemorrhage and recurrence of pain) was an indication for surgery (surgical excision or ligation over a Foley catheter). Fig. 1 illustrates ligation over a Foley catheter.

Data collection

Age, body mass index (BMI), season (seasons were defined as follows: Winter, December to February; Spring, March to May; Summer, June to August; and Autumn, September to November; to explore the variation in season, we estimated the mean number of cases diagnosed per season), symptoms, history (included their predisposing factors), physical examination, urine analysis, routine blood analysis, urine culture, and treatment methods (including conservative treatment and surgery) were reviewed. Responses to each therapy (including pain assessment) and follow-up (follow-up information was obtained through out-patient records and telephone interviews) were also recorded. The Face, Legs, Activity, Cry, Consolability (FLACC) pain scale [14] was used to evaluate pain and compared between the ligation and surgical excision groups.

Ethics

Ethics approval was not required as this research was conducted on previously collected non-identifiable information. Patients were identified via the electronic coding systems using both diagnostic and therapeutic codes for UP.

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