Clinical and Experimental Health Sciences

Case Report / *Olgu Sunumu*

A Case of Primary Urethral Condyloma Acuminatum after Urethral Instrumentation

Üretral Enstürümantasyon Sonrası Primer Üretral Kondiloma Aküminata Olgusu

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Abstract

A 72-year-old male with a history of transurethral resection of the prostate one year prior to admission and internal urethrotomy for a urethral stricture three months prior presented with obstructive lower urinary tract symptoms. An endoscopic investigation of the patient revealed widespread papillary formations throughout the urethra. With no pathologies found during cystoscopy of the bladder, the patient underwent transurethral resection and laser vaporization for urethral lesions. Microscopic investigation results revealed condyloma acuminata. In the literature, different cases of urethral condyloma acuminata have been reported. On first encountering urethral condyloma acuminata, the clinician may easily confuse it with papillary urothelial cancer. Our patient did not have genital lesions and was not sexually active. He only had a history of urethral instrumentation, which was of note given that widespread lesions had developed in a short period of time.

Keywords: Condylomata acuminata, urethra, transurethral resection, laser therapy

Öz

1 yıl önce Prostat Transurethral Rezeksiyonu (TUR-P) ve 3 ay önce üretra darlığı nedeniyle internal üretrotomi öyküsü olan 72 yaşında erkek hasta obstrüktif alt üriner sistem semptomları ile kliniğimize başvurdu. Hastanın endoskopik incelemede tüm üretrada yaygın papiller oluşumlar gözlendi. Sistoskopide mesanede patolojik oluşum saptanmayan hastanın üretral lezyonlarına Trans Üretral Rezeksiyon ve lazer ile vaporizasyon uygulandı. Mikroskobik inceleme sonucu kondiloma aküminata olarak saptandı. Literatür incelendiğinde farklı üretral kondiloma aküminata vakaları bildirilmektedir. İlk defa üretral kondiloma aküminata ile karşılaşan hekim tarafından kolaylıkla papiller üretelyal kanser ile karıştırılabilir. Bizim olgumuzda ek olarak; hastamızda genital lezyon bulunmaması, seksüel aktif olmaması, sadece üretral enstrümantasyon öyküsü olması ve kısa sürede tüm üretrayı tutan yaygın lezyonlar ile başvurması olgumuzu ilginç kılmaktadır.

Anahtar Kelimeler: Kondiloma aküminata, üretra, transüretral rezeksiyon, lazer tedavisi

INTRODUCTION

Human papillomavirus (HPV) has an etiological role in the development of cervical cancer in addition to the development oral cavity carcinomas, laryngeal carcinomas, penile and anal cancers (1-3). More common than these cancers, HPV causes the development of genital condyloma acuminata with subclinical progression. Genital condyloma acuminata are generally observed on the skin, external meatus, and rarely observed in the proximal urethra (4). Though HPV causing genital condyloma acuminata is generally transmitted by sexual routes, we aimed to present a case of primary urethral condylomata acuminata involving the entire urethra, which is different from many cases in the literature, in a patient with no risk factors identified after transurethral resection of the prostate (TUR-P).

CASE PRESENTATION

A 72-year-old male presented with obstructive urinary tract symptoms that had persisted for one month. A clinical history of the patient revealed that he had undergone TUR-P for benign prostatic hyperplasia one year prior to admission and internal urethrotomy for a urethral stricture three months before. Cystoscopy of the patient revealed papillary formations beginning at the distal urethra and extending to the neck of the bladder (Figure 1, 2). It did not reveal any pathology in the bladder. Following this, transurethral resection (TUR) was performed for large papillary tumoral lesions in the urethra, with laser vaporization of small lesions (Figure 3). Pathology results were in accordance with condyloma acuminata (Figure 4). From the patient's history, information was obtained, indicating that sexual relations had not occurred within the past two years. From surgical records, urethral lesions had not been identified during the previous two op-

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Figure 1. Urethroscopic appearance of condyloma acuminatum in the central urethra



Figure 2. Urethroscopic appearance of condyloma acuminatum in the proximal urethra and verumontanum



Figure 3. Urethroscopic appearance of the urethra after transurethral resection of urethral condyloma acuminata

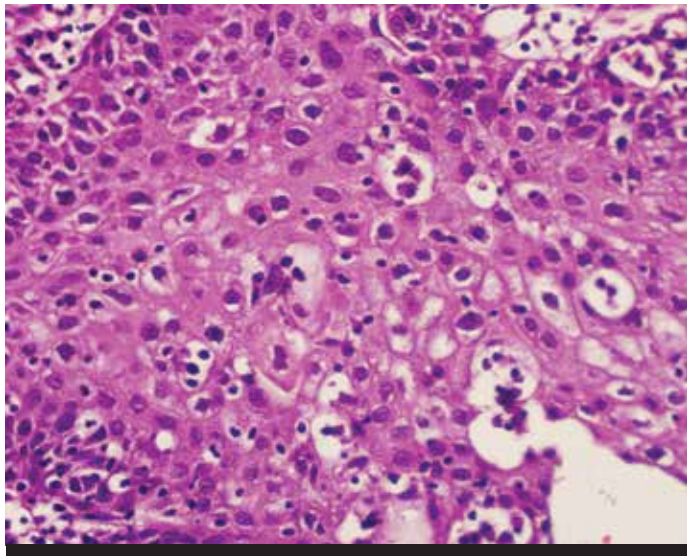


Figure 4. Hematoxylin–eosin stain of urethral condyloma acuminatum is shown (×200)

erations. A physical examination identified no lesion in the external genital region. Additionally, the patient had no immunosuppression finding in his clinical history or in his laboratory test results.

DISCUSSION

Condyloma acuminata are lesions formed by HPV, which is generally transmitted by sexual routes. Urethral condyloma acuminata are rarely observed and generally accompany genital condyloma acuminata (2, 3). Frequently, they are identified in the proximal penile urethra and as a single lesion (4). Contrary to this general information related to condyloma acuminata, our patient did not have condyloma acuminata in the genital region. The patient was not sexually active and only had a history of transurethral instrumentation, which made our case interesting. There are very few reports in the literature on primary urethral condyloma acuminata after urethral intervention in patients with no sexual history. Iskander et al. (5) reported that primary urethral condyloma acuminata developed during follow-up in a patient with a history of urinary tract instrumentation who was monitored for bladder cancer. However, in that patient, lesions were suitable for laser ablation. In our patient, lesions were widespread throughout the urethra. Sumino et al. (6) reported the development of urethral condyloma acuminata in the year following TUR-P in one patient. However, when the patient was questioned further, the authors found a previous history of condyloma acuminata. Irrespective of the difficulty of retrograde urethral viral infections to develop in males, Zaak et al. (7) stated that urethral instrumentation may ease this development.

Laser vaporization is recommended for treatment due to the lower risk of a urethral stricture. For widespread lesions, 5-fluorouracil (5-FU) for five weeks with two instillations per week is recommended. There are publications reporting full eradication with 18 doses of 5-FU treatment in immunosuppressed patients without surgical intervention. For urethral condyloma identified in a 43-year old patient with Acquired Immune Deficiency Syndrome (AIDS) and obstructive

urination symptoms, Wen et al. (3) reported the full eradication of urethral lesions with 18 weeks of 5-FU treatment. As our patient was not compliant and did not want the five-week instillation treatment, TUR was carefully performed for urethral lesions and laser vaporization was performed for small lesions. With all identified lesions either resected or vaporized, our patient did not attend check-ups after the initial treatment.

CONCLUSION

Urethral condyloma acuminatum is an important pathology that may be easily confused with papillary urothelial cancer by clinicians in the first encounter. Our case stands out as the patient did not have genital lesions, was not sexually active, only had a history of urethral instrumentation, and presented with widespread lesions throughout the urethra that had developed in a short period of time.

The patient could not be reached using their contact details during the writing and revision of this case report. Additionally the patient did not attend check-ups during this time. Therefore, the patient was unable to receive the consent from.

Informed Consent: Written informed consent couldn't be obtained due to impossibility of reaching the patient.

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