

Urethral Carcinoma

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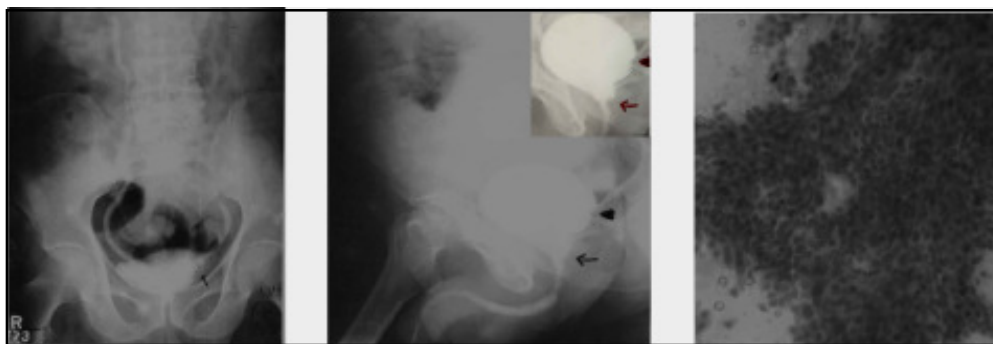


Fig 1 a . IVU Shows a Irregular Growth (arrow) Along Left Lateral Urinary Bladder Wall ; Fig 1b. MCU Reveals Prostatic Urethral Tumour as Filling Defect (arrow) and also Growth in Lateral Bladder Wall (arrow head); Fig1c. Cytology Depicting High Grade Transitional Cell Carcinoma

Urethral tumor is a extremely rare entity and constitute less than 1 percent of malignancies in male .These tumors commonly affect males. Predisposing factors are chronic inflammation , infection and irritation. Urinary bladder carcinoma also increase the incidence of urethral carcinoma . Majority of urethral cancer are squamous followed by transitional and adeno carcinoma However, transitional cell carcinoma is most prevalent histiologic subtype in prostatic urethra (1). Bulbomembranous urethra is frequent site (60%) of involvement and other sites are penile (30%) and prostatic urethra (10%)

We report a 64 years old male smoker patient who presented with haematuria , dysuria and decreased stream . Intravenous urography demonstrated normal excretion of contrast by both kidneys while full bladder film revealed a irregular filling defect in urinary bladder along its left lateral wall (Fig 1a) . Micturating cystourethrography delineated a irregular filling defect in prostatic urethra (Fig 1b) . Cytological analysis showed lesion to be a transitional carcinoma (Fig 1c).

Transitional carcinoma involve commonly bladder (90%) and others sites are renal pelvis (8%), urethra and ureter (2-3%). Secondary tumor involvement of prostatic urethra in patient of urinary bladder carcinoma is known due to cancer cell implantation or multifocal tumorigenesis

(2,3) .In the present case also there was growth in urinary bladder .

Early detection of growth in urethra is of utmost importance as it can be a deciding factor for successful treatment outcome .Therefore there is a justification for visualization of urethra as early as possible in high risk patients like bladder carcinoma along with physical examination and laboratory parameters including urine cytology . Radiological evaluation for urethral examination include retrograde urethrography and micturating cystourethrography for assessing anterior and posterior urethral lumen while USG , computed tomography,magnetic resonance imaging are more useful for evaluating periurethral structures and extension and positron emission tomography for metastasis disease

References

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