

Paraurethral Leiomyoma

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Abstract

A rare case of external genital mass located above the urethral meatus in a 37-year-old lady is presented. Histopathology of the mass revealed it to be a leiomyoma. Differential diagnosis of masses near the urethral meatus and the literature on paraurethral leiomyoma are discussed.

CASE

A 37-year-old woman, gravida two, presented with the complaint of a palpable external genital mass for two years. The mass had gradually increased in size. The patient did not have any symptoms related to the swelling. Physical examination revealed a non-tender mass, 4cm in diameter, with a smooth surface located above the urethral meatus (Figure 1). Vagina, cervix, and both adnexa were normal. Clinical impression concluded a paraurethral mass. Cystoscopy showed a normal urethra and no communication of the mass with the urethra. A small vertical incision was made above the urethral meatus after catheterizing the patient. The mass was sharply dissected and enucleated. Bleeding points were sutured. There was no postoperative complication and the patient was able to void normally after the operation. Histopathological examination showed fascicles with spindle-shaped cells with no mitosis and a leiomyoma was diagnosed.

Figure 1



DISCUSSION

Paraurethral leiomyoma is a rare condition and its etiology is not very clear. Estrogen and progesterone receptors have been detected in paraurethral leiomyomas, indicating an important role for estrogen and progesterone in their promotion.¹ Paraurethral leiomyomas are often asymptomatic, but can cause acute urinary retention, post-void dribbling, recurrent urinary tract infections, stress incontinence, vaginal bleeding and dyspareunia.^{2,3}

Differential diagnosis includes urethral leiomyoma, paraurethral cyst, urethral diverticula and urethral caruncle. Diagnostic clues include a solid, non-cystic mass that does not communicate with the urethra, is circumscribed, and has essentially normal overlying mucosa. Paraurethral leiomyomas must be differentiated from urethral leiomyomas and diverticula, as damage to the urethral mucosa or smooth muscle during the excision of urethral

lesions can cause stress urinary incontinence or urethral stricture.⁴ Paraurethral leiomyomas are managed operatively and simple excision of the tumor is adequate.^{5,6}

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