

Urethral caruncle

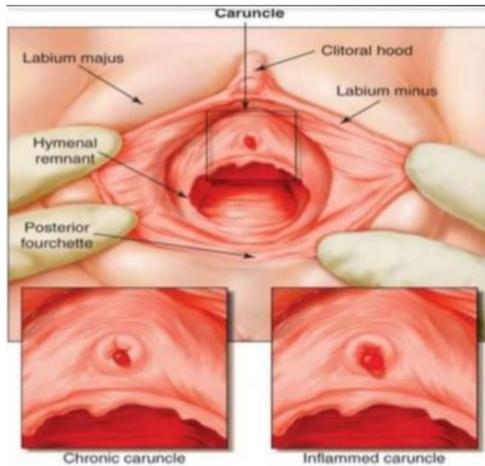


figure 1. urethral caruncle

Urethral caruncles are inflammatory lesions, commonly seen in [postmenopausal](#) women.

- benign
- reddish
- meatal exophytic mass (posterior)
- if symptomatic: pain, blood spotting, retention...

Etiology:

- estrogen deficiency
- chronic inflammation

Therapy:

- topical estrogen or anti-inflammatory creams
- excision of large or refractory lesions

[Atypical lesions](#) must be excised to exclude other pathologies. Metaplasia, tuberculosis, melanoma or lymphoma have been reported to mimic urethral caruncles.

... in pediatrics

Urethral caruncles are [rare in children](#). A total of 15 cases of young females have been described in literature.

The trigger of the caruncle in childhood is [chronic inflammation](#). However, the exact etiology is unknown. The female urethra is particularly susceptible to infection as well as to inflammation.

The [possibility of malignancy is slight](#) during this period. Biopsy of the mass is not required for diagnosis. It should be indicated only if the mass has other characteristics that raise suspicion of malignancy.

The clinical differential diagnosis for a urethral or periurethral mass in pediatrics is urethral prolapse and periurethral gland abscess. Although uncommon, a spectrum of neoplasms may mimic urethral caruncle clinically.

Conservative therapy with [steroid ointment](#) should be the core treatment. The curability of these lesions with resection is high.

Case report

Girl, 9 years old

Medical history: RSV bronchiolitis, pneumonia and acute otitis media

Resection of a soft reddish urethral mass, assumed to be a caruncle
APD: caruncle, angiomatous subtype. Benign

Presentation at our outpatient clinic, because of recurrence of the mass after 1 week with blood spotting and hematuria.

→ control biopsy to rule out malignancy



Figure 2 and 3: peroperative pictures of the caruncle

*Cystoscopy: erythematous zone at the posterior bladder wall, no mass. Normal urethra

*Cytology: Benign (TPS 2)

*Excision biopsy: confirmation of urethral caruncle. Benign

Control on day 11 postoperatively showed no mass recurrence. The only complaint was some blood spotting the past days. Referral if recurrence.

Conclusions

Pediatric urethral caruncle → rare

Trigger → chronic inflammation

Biopsy → not required for diagnosis
→ indicated if the mass raises suspicion of malignancy

Therapy → steroid ointment is the core treatment
→ excision if large or refractory

Bibliography

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