Interlabial Mass in Girls, A Diagnostic Dilemma

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ABSTRACT

{Urethral prolapse is a rare cause of interlabial masses in young girls hence may pose difficulty in diagnosis.} An eleven year old girl presented with a fleshy mass at her introitus. Examination under anesthesia revealed circumferential protrusion of mucosa through distal urethra. Passage of catheter through the central opening, confirmed as urethral meatus. Initially local application of estrogen cream was advised, however, due to persistence of prolapse, excision of redundant mucosa was done.

Key words Urethral prolapse, Girls, Introitus mass.

INTRODUCTION:

Urethral prolapse (UP) is a circumferential prolapse of the distal urethra through the meatal opening.[1] The condition is often misdiagnosed. When evaluating a urethral mass, the differential diagnoses should include ectopic prolapsed ureterocele, a para urethral cyst, rhabdomyosarcoma of the vagina and an imperforate hymen with hydrometrocolpos. Increased physician understanding and early identification of urethral prolapse prevents delay in treatment and apprehension.[2] Herein we report a girl who presented with an introital mass for awareness.

CASE REPORT:

An eleven years old girl presented in OPD with complaint of a fleshy mass at introitus for one month. She belonged to Balochi Makrani ethnic group. According to her mother, initially child complained of perineal itching which resolved on prescription of some local cream. Later on blood spots were noticed on undergarments. Mother found a fleshy mass in the introitus of her daughter. At initial clinical examination in our clinic exact origin of mass could not be ascertained as it was occupying whole of interlabial space. Incidental associated finding was umbilical hernia. She was subjected to examination under anesthesia which revealed a round fleshy mass with a central hole cranial to vaginal opening. Passage of catheter through it confirmed as external urinary meatus (Fig-I & II). Umbilical hernia was also operated during same session.

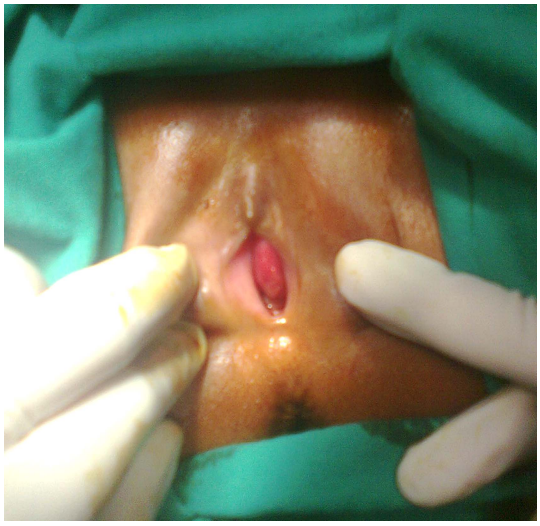

Fig-I: Prolapsed urethral mucosa

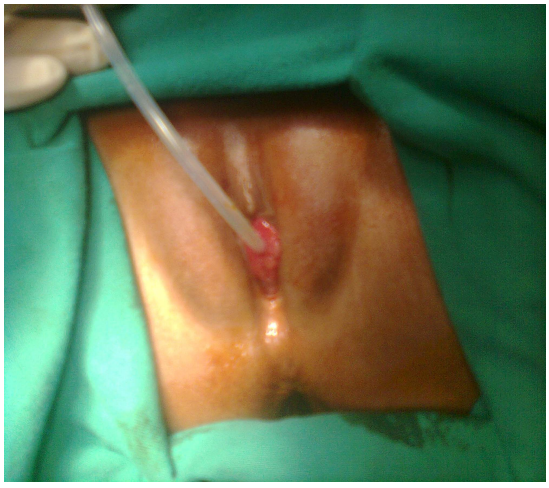

Fig-II: Placement of urethral catheter

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She was advised local estrogen cream application for 3 weeks with sitz bath. At follow up after two months the problem did not resolve. Finally excision of prolapsed urethral mucosa was performed with suturing of the mucocutaneous junction. At follow up no recurrence was found.

DISCUSSION:

Urethral prolapse is mostly reported from African countries. Our patient was of Makrani origin. It is claimed that this race in Pakistan is of East African descent.[3] The link of the disease in our patient may associate with racial tendency.[4] Similar report is also found in a white female child.[5] Because of its rarity, especially in childhood, its diagnosis is often delayed. Certain differentiating features which include symptoms, exact location, gross appearance of mass, position of the urethral meatus, and observation of urine flow, helps in identifying different lesions in this anatomical location. The accurate etiology of urethral prolapse is unknown; however it is suggested that a loose attachment between the urethral inner longitudinal and outer circular-oblique smooth muscle layers may be the cause of this pathology.

First line of medical treatment includes parental reassurance, observation, sitz baths and local application of antibiotics and estrogen cream.[6] The usual regimen consists of the application of estrogen cream to the prolapsed urethra 2-3 times daily for 2 weeks, in combination with sitz baths. Surgical intervention is necessary on failure of medical treatment or on recurrence. In our case failure of estrogen cream application for up to 2 months lead to surgical intervention. Surgical excision has a high cure rate and is the most definitive therapy.[7] It has been reported in one series that surgical intervention results in rapid recovery with less complications.[8,9]

A modification of the Kelly-Burnham technique which we preferred in this case, involves excision of the prolapsed urethra in quadrants, up to the mucocutaneous junction with immediate suturing of the mucocutaneous junction with absorbable sutures. Urethral stenosis, urinary incontinence, recurrence are unusual and rarely reported in postoperative period.[1] Our patient is on follow up without any recurrence.

REFERENCES:

1. Gill BC, Kim ED, Gill CB, Vasavada SP, Firoozi F, Rackley RR, et al. Urethral prolapse. Medscape [Internet] available from URL https://emedicine.medscape.com/article/443165-overview accessed on July 2017.
2. Akani CI, Pepple DK, Ugboma HA. Urethral prolapse: A retrospective analysis of hospitalized cases in Port Harcourt. Niger J Med. 2005;14:396-9.
3. Pakistan. The African diaspora in the Indian Ocean world. [Internet] available from URL http://exhibitions.nypl.org/africansindianocean/essay-south-asia.php accessed on July 2017.
4. Valerie E, Gilchrist BF, Frischer J, Scriven R, Klotz DH, Ramenofsky ML. Diagnosis and treatment of urethral prolapsed in children. Urology. 1999;54:1082-4.
5. Rudin JE, Geldt VG, Alecseev EB. Prolapse of urethral mucosa in white female children: experience with 58 cases. Pediatr Surg.1997; 32:423-5.
6. Shurtleff BT, Barone JG. Urethral prolapse: four quadrant excision technique. J Pediatr Adolesc Gynecol. 2002;15:209-11.
7. Fiogbe MA, Hounnou GM, Koura A, Agossou-Voyeme KA. Urethral mucosal prolapse in young girls: A case report of nine cases in Cotonou. Afr J Paediatr Surg. 2011;8:12-4.
8. Holbrook C, Misra D. Surgical management of urethral prolapse in girls: 13 years' experience. BJU Int. 2012;110:132-4.
9. Jerkins GR, Verheeck K, Noe HN. Treatment of girls with urethral prolapse. J Urol. 1984; 132:732-3.

Received for publication: 28-07-2017

Accepted after revision: 30-09-2017.

Author's Contributions:
Yaqoot Jahan: Manuscript writing.
Muhammad Talat Mehmood: Manuscript writing.
Shahab Ather: Manuscript writing.
Sajjad Ashraf: Manuscript writing.
Shero Moti Rathor: Manuscript writing.

Conflict of Interest:
The authors declare that they have no conflict of interest.

Source of Funding: None

How to cite this article:
Jahan Y, Mehmood MT, Ather S, Ashraf S, Rathor SM : Interlabial Mass in Girls, A Diagnostic Dilemma. J Surg Pakistan. 2017;22 (3):109-10. doi:http://-dx.doi.org/10.21699/jsp.22.3.10.