A 30-year-old female was admitted in emergency with acute urinary retention due to bladder tumour prolapsed from the external urethral orifice. The patient underwent immediate endoscopic surgery via suprapubic percutaneous approach. The histological examination confirmed a superficial highly differentiated transitional cell bladder carcinoma.

During the 6-year follow-up no evidence of local recurrence or metastatic tumour spread was revealed. The comprehensive Medline search confirmed that this is the fourth case of bladder tumour prolapsed from the external urethral orifice, reported so far. The case deserves the interest of practising urologists because of the exceptional rarity of the entity and the unconventional treatment approach which involves using a percutaneous suprapubic endoscopic technique. Based on the results achieved, we can recommend this unconventional endoscopic approach as specifically indicated in certain situations.

Key words: bladder; transitional cell carcinoma; prolapse; endoscopy; percutaneous

INTRODUCTION

Tumours prolapsed from the external urethral orifice are usually benign and most often originate from the urethral wall. We report herein a rare case of a pedunculated malignant bladder tumour, spontaneously prolapsed from the urethra that had caused an emergency situation of acute urinary retention.

CASE REPORT

A 30-year-old female (J.G.T., Medical record No 6682) was admitted in emergency to the University Hospital of Stara Zagora on 23 September 2000. The patient complained of pollakiuria and dysuria in the last few weeks that led slowly but progressively to a complete inability to void spontaneously on the date of admission. The patient also reported to the medical staff that a reddish tumorous lesion with the size of "an apple" suddenly appeared at her genital region during one of her numerous but unsuccessful attempts to void.

Due to the genital bleeding the female patient was first admitted to the Department of Obstetrics and Gynaecology but, after a thorough gynaecological examination followed by an unsuccessful attempt to place an indwelling catheter into the bladder, she was transferred to the Clinic of Urology of the same hospital.

The physical examination at patient admission revealed a large tumour (45-50 mm in size), protruding from the external urethral orifice and bleeding at touch. The patient was with globus vesicalis, unable to void spontaneously.

All laboratory blood tests were within normal range. The ultrasound examination revealed no pathological changes in the liver, the gallbladder, the spleen, the pancreas, the kidneys, the ovaries and the uterus. There were no gross retroperitoneal lymph nodes. The bladder was distended and full of urine beyond its physiologic capacity.

The bladder walls seemed normal, except at the bladder neck where the contour of the anterior wall was irregular, with a small protrusion to the lumen.

A cold-cup biopsy from the underlying bladder wall was taken to exclude muscular invasion, and the tumour bed was carefully coagulated by a rolling-ball electrode. An 18 Fr plastic drain was inserted into the bladder via
the suprapubic puncture site and fixed to the skin. A urethroscopy was performed to exclude lesions in the urethra. Immediately after surgery, a single-shot intracavitary instillation of 50 mg epirubicin, dissolved in 50 ml of saline, was administered to the patient and retained for 2 hours. The postoperative period ran smoothly and without any complications. The suprapubic drain was removed on the second day after the patient’s first spontaneous voiding. On 26 September 2000 the patient was discharged from the hospital free of disease.

The histological result (1 3192 / 25 September 2000) confirmed a highly differentiated transitional cell bladder carcinoma confined to the bladder submucosa – pT1N0M0G1 (Figure 1).

The follow-up period included regular check-up examinations (routine physical examination, laboratory tests, ultrasound, X-ray and endoscopic studies). During the 6-year period of follow-up no evidence of local tumour recurrence or metastatic tumour spread was revealed. The female patient is currently in excellent health and free of disease.

**COMMENTS**

The case is presented mainly with regard to the exceptional rarity of a malignant tumour, a transitional cell bladder carcinoma, in a young (30-year-old) female patient, spontaneously prolapsed from the external urethral orifice. The comprehensive search of the world literature (a Medline database search) confirmed that our case is the fourth case of a bladder tumour prolapsed from the external urethral orifice, reported so far.

Other cases, reported previously, included malignant lesions like bladder rhabdomyosarcoma, as well as benign lesions like leiomyoma of the bladder, and prolapsed urachal cyst. Naturally, each of these lesions required a specific treatment approach.

We treated the present case by using the unconventional suprapubic endoscopical approach, previously applied by us in a number of bladder diseases: bladder tumours, bladder stones, bladder neck sclerosis, foreign bodies in the urinary bladder, etc.

Based on our experience, we believe that the suprapubic approach significantly broadens the scope of transurethral surgery, preserves its advantages, and is furthermore free of the shortcomings associated with open operations. The suprapubic endoscopic technique utilizes equipment that is readily available in most centres performing percutaneous procedures.

Many authors currently share our opinion and also use the percutaneous suprapubic approach with an aim to reduce morbidity and hospital stay in various diseases of the urinary bladder.

The current case clearly demonstrates the advantages of the suprapubic percutaneous endoscopic technique. The uneventful early postoperative period, associated with a recurrence-free and progression-free 6-year follow-up, proves the safety and the efficacy of the applied treatment method. Based on the results achieved, we can recommend this unconventional endoscopic approach as specifically indicated in certain situations.

**SUMMARY**

Pacijentkinja stara 30 godina, primljena je hitno na odeljenje zbog akutne urinarne retencije koja je uzrokovana tumorom mokraćne bešike koji je prolaborio kroz spoljni orificijum uretre. Kod bolesnice je primjenjena endoskopska resekcija kroz suprapubični perkutan pristup. Histološko ispitivanje je potvrdilo da se radi o visokodiferenciranom karcinomu mokraćne bešike.

 Za vreme praćenja od 6 godina nije evidentiran lokalni recidiv niti metastaza tumora. Ovo je četvrto ovakav slučaj objavljen u literaturi. Slučaj je interesantan za urologe u praktičnom smislu zbog retkosti javljanja i neobičnog terapijskog pristupa koji uključuje suprapubičnu endoskopsku tehniku. Na osnovu prikazanog rezultata, ovaj hirurški pristup se može preporučiti u sličnim slučajevima.

**REFERENCE**

