Case Report

Received: January 29, 1996

Accepted: February 28, 1996

Gynecol Obstet Invest 1996;42:279-280

Urethral Caruncle: An Unusual Presentation of Ovarian Tumour

M.Y.		Hammadeh ^a
K.		Thomas ^b
T.P.		Philp ^a

Departments of ^aUrology and ^bPathology, Whipps Cross Hospital, London, UK

Key Words

Urethra
Secondary cancer
Urethral caruncle

Abstract

Secondary female urethral cancer presenting as urethral caruncle is extremely rare. We report a primary ovarian adenocarcinoma in a 78-year-old female patient presented initially as a urethral caruncle. This case represents the first reported case in the world literature. The clinical features, investigations and pertinent literature are reviewed.

M.Y. Hammadeh, Registrar in Urology, Whipps Cross Hospital, Leytonstone, London E11 1NR (UK)

Fig. 1. Urethral caruncle with adenocarcinoma (C) and normal urethral epithelium (U). HE. × 200.

the left. This mass could not be seen separately from the uterus. Lapa-rotomy showed the presence of an irregular left ovarian mass which was fixed to the pelvic side wall. The right ovary, Fallopian tubes, liver and omentum were normal. Hysterectomy and salpingo-oophorectomy was impossible because of tumour fixation. Multiple biopsies from the tumour were taken. The histopathology revealed ovarian adenocarcinoma with similar morphology to the 'urethral caruncle' (fig. 2). The patient was referred for palliative chemotherapy.

Introduction

Primary female urethral cancers are relatively rare: to date, approximately 1,200 such cases have been reported [1]. The association of primary urethral tumour and caruncles have been reported in 9 of 376 patients who presented with urethral caruncles [2].

Secondary female cancer is uncommon: of 73 urethral tumours, Roberts and Melicow [3] reported 3 secondary tumours. We report an ovarian adenocarcinoma in a female patient who presented originally with a clinical urethral caruncle.

Case Report

A 78-year-old female presented with urethral bleeding and difficulty in passing urine. Clinical examination showed a large urethral caruncle which was excised. The subsequent histopathology revealed a well-differentiated adenocarcinoma (fig. 1). Intravenous pyelogram and urine cytology were normal. Examination under anaesthesia revealed the presence of a pelvic mass but no urethral thickening, and cystourethroscopy showed a normal urethra and

bladder. Random multiple urethral biopsies were taken. The histopathology of the urethral biopsies confirmed a residual well-differentiated adenocarcinoma with negative staining for prostate-specific antigen.

The subsequent abdominal and pelvic ultrasound and CT scans confirmed the presence of a large solid irregular mass, approximately 8 cm in diameter, in the pelvis superior to the bladder and slightly to

KARGEH

E-Mail karger@karger.ch Fax+ 41 61 306 12 34 <http://www.karger.ch>

© 1996 S. KargerAG, Basel 0378-7346/96/0424-0279\$ 10.00/0

Fig. 2. Ovarian biopsy showing adenocarcinoma of similar morphology to the urethral caruncle. HE. $\times 200$.

Discussion

Primary carcinoma of the female urethra is an uncommon malignancy that accounts for less than 0.02% of all cancers in women and 0.01 % of all urologic malignancies. It is the only genitourinary neoplasm with a 4:1 predilection for women. More than 75% of urethral cancers occur

in women between 50 and 70 years of age, with a higher incidence among Caucasians (88%) [1]. Various factors such as chronic irritation, caruncles, fibrosis, polyps, coitus, parturition, and certain viral infections have been suggested as being causatively related to urethral cancer, with little substantiating evidence [1]. Marshall et al. [2] identified primary urethral carcinoma in 9 of 376 patients with a clinically diagnosed urethral caruncle, an incidence rate of 2.4%.

Secondary female urethral cancer is very rare. Carcinoma of the bladder, vulva, vagina, cervix and bowel may involve the urethra by direct extension [4, 5]. Ovarian tumours, uterine carcinomas and choriocarcinoma, carcinoma of the lung, and lymphoma may metastasize to the urethra [3, 4, 5]. Roberts and Melicow [3] reported 3 secondary urethral tumours from primary lymphoma (2 cases) and an 'oat cell' carcinoma of the lung (1 case) which presented initially as a urethral caruncle. This case appears to be the first report in the world literature of a primary ovarian adenocarcinoma presenting as a urethral caruncle.

Female urethral cancer presenting as a urethral caruncle is extremely rare. The discovery of such a tumour should be followed by a diligent search for a possible primary extraurethral tumour.

References

- Narayan P, Konety B: Surgical treatment of female urethral carcinoma. *Urol Clin North Am* 1992;19:373-382.
- Marshall FC, Uson AC, Melicow MM: Neoplasms and caruncles of the female urethra. *Surg Gynecol Obstet* 1960;110:723-733.
- Robert MR, Melicow MM: Pathology and natural history of urethral tumours in females: Review of 65 cases. *Urology* 1977; 10:583– 589.
- Novak ER, Woodruff JD: Diseases of the vulva; in Novak's *Gynaecologic and Obstetric Pathology*, ed 8. Philadelphia, Saunders, 1979, pp 1-58.
- Mostofi FK, Davis CJ, Colonel MC: Carcinoma of the male and female urethra. *Urol Clin North Am* 1992;19:347-358.

280

Gynecol Obstet Invest 1996;42:279-280
Hammadeh/Thomas/Philp