

## MALE URETHRAL DIVERTICULUM UNCOMMON ENTITY: OUR EXPERIENCE

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### INTRODUCTION

- Urethral diverticulum (UD) is a saccular dilatation of the urethral wall, continuous with the true urethral lumen
- It is a rare entity, with a peak age incidence of 25–45 years. UD can be congenital (10%) or acquired (90%)
- The congenital UD may result from incomplete development of the urethra. Acquired UD occurs secondary to stricture, infection, trauma, or after surgery

### CASES

#### CASE 1

**History:** A 32 year male patient presented with complaint of progressively increasing hard left sided penoscrotal swelling with obstructive flow of urine x 4 months. Associated with passing few drops of urine on pressing the swelling. History of periurethral abscess 15 years back

**Retrograde urethrogram:** Distal bulbar urethral diverticulum with calculus

**Management:** Cystourethroscopy (bulbar urethral diverticulum with calculus) with urethral diverticulectomy with removal of calculus and urethroplasty

**Follow up:** Pericatheter study and Catheter removal at 3 weeks, Uroflowmetry at 8 weeks (Qmax-18.5ml/sec), Urine R/E, C/S- NAD, PVRU- negligible



FIGURE 1: Hard penoscrotal swelling

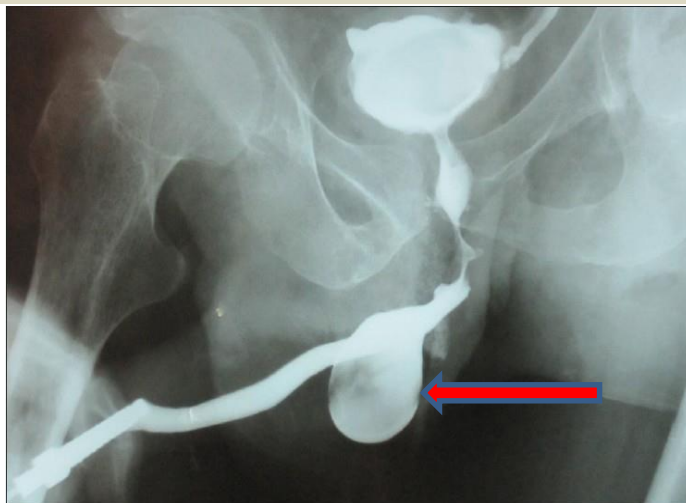


FIGURE 2: RGU- Bulbar urethral diverticulum with calculus



FIGURE 3: Urethral diverticular stone

#### CASE 2

**History:** A 52 year male patient presented with complaints of left sided scrotal swelling and passage of urine on pressing the swelling and urinary incontinence x 20 years. History of meningomyelocele surgery at 2 years of age following which patient developed loss of bowel and bladder control. History of periurethral abscess with urethral fistulas formation for which he underwent urethral surgeries multiple times.

**Retrograde urethrogram:** Anterior urethral diverticulum with calculus in prostatic fossa

**Management:** Cystourethroscopy (anterior urethral diverticulum with prostatic calculus) with cystolithotripsy. Patient refused for definitive surgery

**Follow up:** Urine R/E, C/S- NAD, USG- No hydroureteronephrosis, PVRU- 45cc

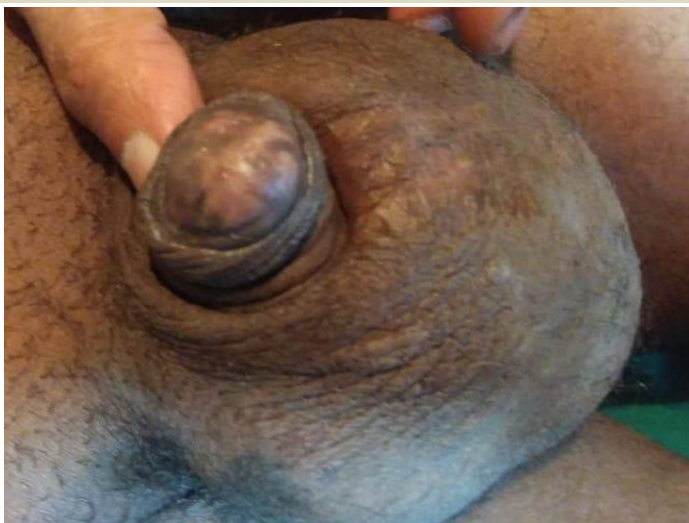


FIGURE 4: Left scrotal swelling



FIGURE 5: RGU- Anterior urethral diverticulum with calculus

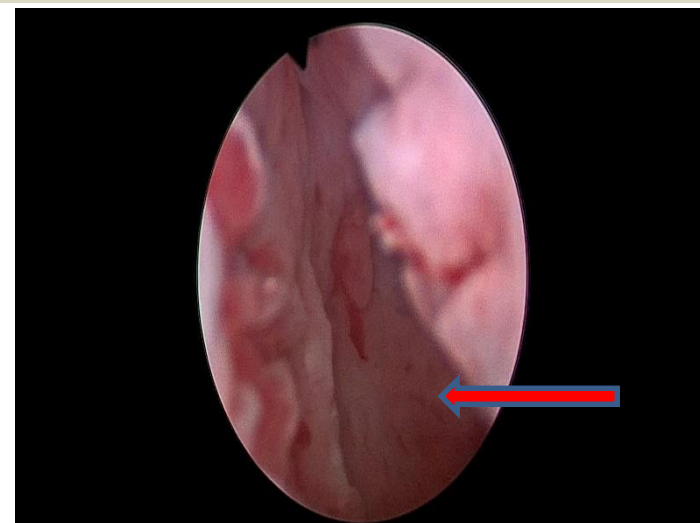


FIGURE 6: Anterior urethral diverticulum

### CONCLUSION

- UD in male is a rare finding, a high index of suspicion is required for proper diagnosis and treatment
- The treatment includes either conservative or surgical options
- Patients without urethral obstruction who can manually decompress the UD without subsequent UTI can successfully undergo conservative treatment with close follow up
- Surgical intervention is appropriate for symptomatic or larger UD's and those with significant urinary stasis, infection or urethral calculi
- Selected patients may benefit from urinary diversion rather than urethral diverticulectomy and reconstruction