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European Association of Urology

Case Study of the Month

Giant Lithiasis in a Female Urethral Diverticulum

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Article info

Article history:

Accepted February 21, 2006

Published online ahead of
print on March 13, 2006

Keywords:

Urethral
Diverticulum
Gallstone



www.eu-acme.org/
[europeanurology](http://europeanurology.com)

Abstract

The formation of gallstones in a urethral diverticulum is a rare clinical entity and is usually seen in males. The case of a 50 year old woman is presented, who consults for hard vaginal mass and dyspareunia associated with repeated urinary infections, with radiological images and an interesting photoendoscopic vision of the upper dome of the gallstone. The diverticulum was approached via vaginal way and the local extraction was successful.

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1. Introduction

The presence of urethral gallstones is rare. They can sometimes be found in men with tortuous urethras or with diverticula. As a result of the presence of a short urethra and the low rate of formation of vesicle gallstones, this pathology is even more rare in women [1,2] and in the cases reported the gallstones are not large nor do they have cystourethroscopic visions. The case of a woman with a gallstone in a urethral diverticulum is reported.

2. Case report

A 50-year-old housewife went to the Hospital Clínico of the University of Chile because of constant lower abdominal pain, dysuria, and dyspareunia that had become increasingly worse until sexual activity was impeded for 5 yr. This was concomitant with repeated urinary infections. She also noted an

increase in the volume of the vaginal wall that coincided with the increase in pain of the vaginal wall (Fig. 1). Both the general physical examination as well as the detailed one were normal, apart from the gynecologic examination that showed a large mass of approximately 3 cm near the urethra. It was hard, fixed, and without crepitation. The hemogram, uremia, and glycemia were within normal limits and the electrocardiogram was normal. An excretory urogram (intravenous pyelogram [IVP]) revealed a gallstone 3 cm in diameter under the pubis (Fig. 2). Cystourethroscopy showed at the level of the upper urethral wall the insinuation of the gallstone into the third distal of the urethra (Fig. 3). The mucus and the vesicle trigone were normal and the urethral orifices well implanted. Antibiotics were used (1 g cefazolin).

Spinal anesthesia was used for surgery. Before initiating the procedure, a Foley 20 probe was placed to isolate the urethra (Fig. 4). A 2-cm incision was



Fig. 1 - View of the prominence of the stone.

made in the vaginal wall (Fig. 5). Once the gallstone was removed from the cavity, with Kelly tweezers, it was withdrawn with Hallis tweezers, which allowed total removal of the gallstones (Fig. 6). The vaginal wall was sewn with catgut 30 and hemostasis was carried out in the operative area. The operation lasted 45 minutes.

After surgery the ureterovesical Foley probe was kept in place for 10 d. Within the postoperative indications oral antibiotic therapy with ciprofloxacin was added (500 mg every 12 h). A urine test on the third day after the probe was removed was done to corroborate the definitive absence of infection.

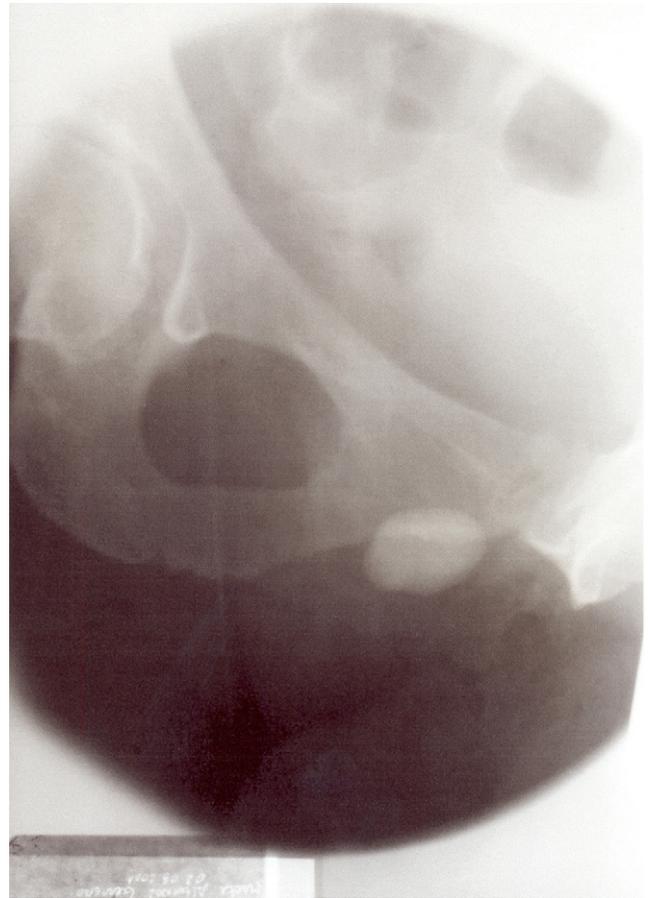


Fig. 2 - Excretory urogram or intravenous pyelogram (IVP).

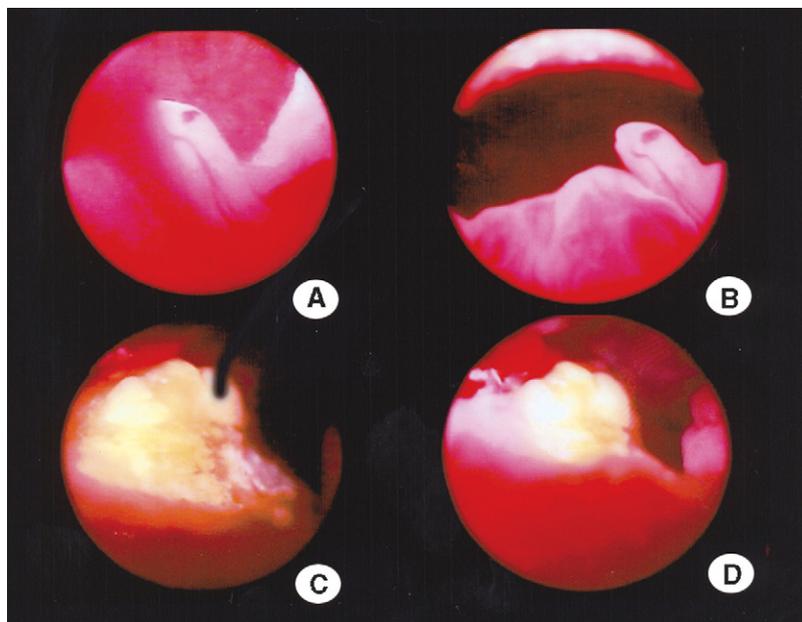


Fig. 3 - Pictures A and B show the vesical neck. C and D show the urethrocystoscopic view of the gallstone.

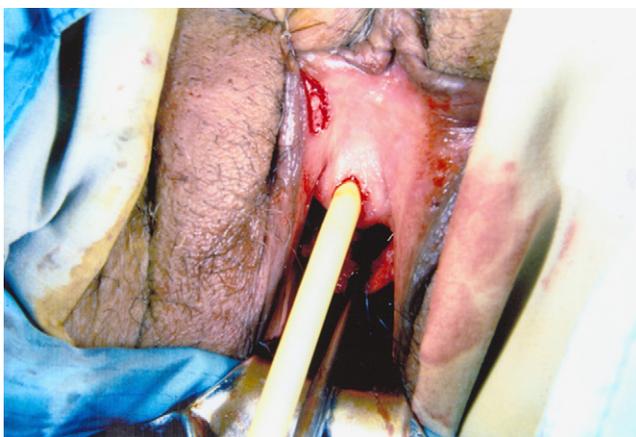


Fig. 4 – The Foley catheter placed inside the urethra.



Fig. 5 – Longitudinal incision through the anterior vaginal wall over the prominence of the stone shows an opacity overlying the symphysis.

EU-ACME question

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Question:

What can you conclude from the cystourethroscopic view of the patient?

- A. Dealing with possible vaginal cancer.
- B. Probable connection with a previous urethral cyst.



Fig. 6 – Stone removed from the urethral diverticulum.

- C. Confirmation of the presence of an ostium in connection with a solid mass suggestive of a diverticulum with stones.
- D. The mobility of the mass in connection with its crackling (crepitus) suggests intradiverticular stones.

Reference

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- [2] Vanderhorst LF, Von P. Giant urethral calculus, a case report. *J Urol* 1958;80:31.