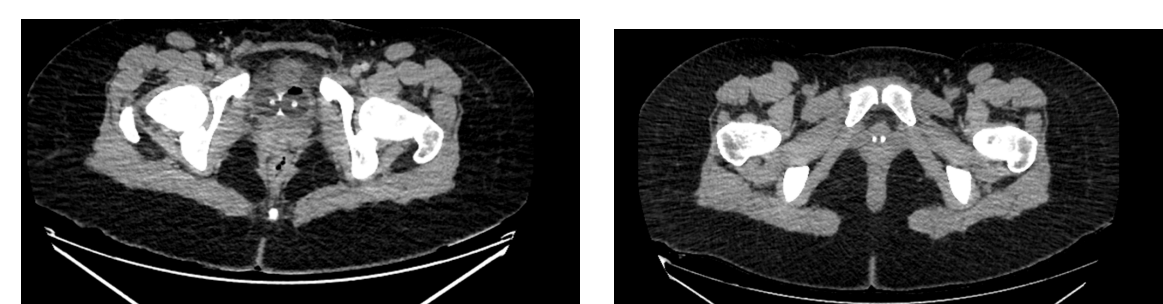


A rare case of female double urethra present with postpartum urinary incontinence

Pathirajage Deepthi Madushan Pathiraja, Arpita Ghosh
St John of God Hospital, Midland, Australia

Objective

Urinary incontinence(UI) during puerperium is a common problem, with incidence around 5 - 30%. The pathophysiology of UI during pregnancy and the puerperium are multifactorial. Underlying urinary tract abnormality is a rare finding especially first identify in adult life



Case Report

A 37 year-old nulliparous presented at 38 weeks of gestation for labour induction due to underlying pre-eclampsia. She had an uncomplicated vaginal delivery with a second degree perineal tear. She experienced persistent urinary leakage (both stress and urge incontinence) after removal of the catheter. On examination, exclude any iatrogenic injury or fistula. However, it was apparent that continuous leak of urine even after the re-insertion of the urinary catheter. Further, the assessment revealed another urethral meatal opening above the functional urethra.

CT intravenous pyelogram revealed two possibilities; either an apparent urethral path representing a false passage or a rare congenital anomaly. No additional pelvic congenital abnormalities were identified on CT imaging. A CT cystogram was performed to rule out the presence of a fistula and came negative. A micturition cystourethrogram was conducted later, which confirmed a rare anomaly of female double urethra.

The patient was subsequently referred for pelvic wall physiotherapy. With the bladder deferment drills and pelvic wall exercises, her symptoms gradually resolved. She did not describe evidence of vaginal wall prolapse or uterine descent. It was determined that further surgical intervention

Discussion

Double urethra is a rare congenital anomaly characterized by two urethras, which can be either partial or complete. According to the Bhadury classification, there are five different types of double urethra, and our case belongs to type-two category. This is a rare case report which firstly diagnosed adult life , especially after the delivery; this would have happened due to valsalva with increased intraabdominal pressure during labour.

To confirm the clinical findings needs radiological evaluation and endoscopic procedures. Magnetic Resonance Imaging or CT helps to rule out associated genitourinary anomalies. The majority of the patients can be managed conservative approach based on bladder training and pelvic floor exercises.

Conclusions

The female double urethra is a rare congenital anomaly, and a desirable outcome can be achieved by conservative treatment and involvement of care from a multidisciplinary team