

Urethral Caruncles – Oestrogen before surgery every time

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BACKGROUND

We reviewed a case series of patients with large urethral caruncles, evaluating both the reason for their referral to gynaecology and patient outcomes following treatment with topical oestrogens.

This was a retrospective review of patients diagnosed with symptomatic urethral caruncles in our unit.

Urethral caruncles are the most common benign lesions of the female urethra and symptoms include bleeding, haematuria, discomfort or a lump.¹ Large urethral caruncles can be pedunculated, swollen or necrotic and as such can be mistaken for urethral or vulval malignancy. Carcinoma arising from a urethral caruncle is extremely rare at approximately 1.6%.²

METHODS

We reviewed a case series of 6 patients with urethral caruncles diagnosed by one urogynaecology consultant within our department over 12 months from October 2021 to 2022. Data was collected from patient letters and from photographs taken by medical illustration both at first presentation and at subsequent follow up.

BEFORE



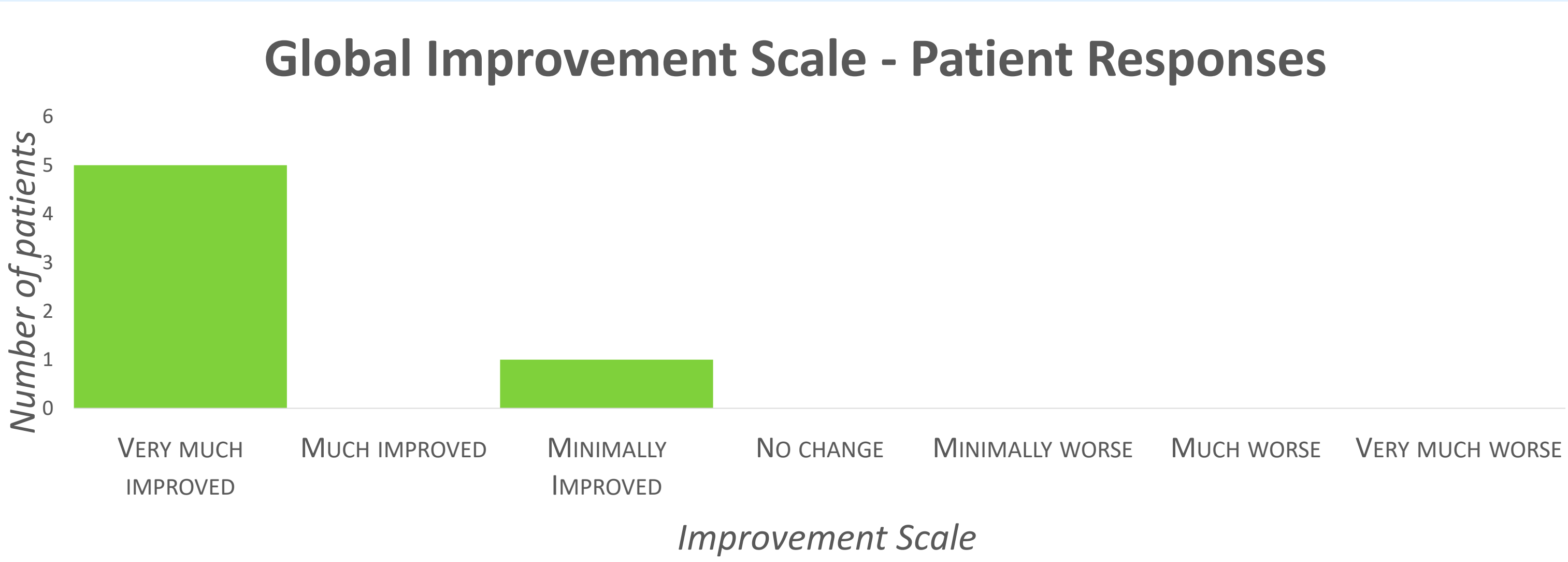
RESULTS

All of the patients in our series were post-menopausal women with a median age of 72 years (range 58-94 years).

75% of patients were referred via the 2 week-wait suspected cancer pathway from the GP and all were removed from the pathway at their first appointment following review.

83% underwent conservative management with topical oestrogen alone. 1 patient chose to have surgical excision of the caruncle with an excellent outcome.

At a mean follow up of 8 months (range 3-14), all patients reported subjective improvement from treatment. There was objective improvement demonstrated both on examination by the clinician and documented in medical photographs for the majority of patients.



AFTER



SURGICAL EXCISION

Surgical intervention is largely reserved for caruncles that persist and remain symptomatic despite treatment with topical oestrogens.

The key surgical steps include;

- Place a Foley catheter
- Make sure to use stay-sutures in the epithelium to prevent mucosal retraction and meatal stenosis
- Excise the lesion
- Oversew edges with 4-0 Vicryl
- Remove catheter at 48-72 hours post operatively

Potential complications of the surgery include meatal retraction, stenosis, infection and recurrence. We recommend patients remain on maintenance topical vaginal oestrogens following their surgery for the long term to prevent recurrence.

CONCLUSIONS

In the majority of cases even large urethral caruncles can be managed conservatively with topical oestrogens, with excellent long-term outcomes and high patient satisfaction.

We found that urethral caruncles are often mistakenly referred as suspected malignancy. An emphasis on education to our primary care colleagues with the aid of our medical photographs, may help to improve the diagnosis of urethral caruncles and reduce the mistaken concern for cancer. In our stretched NHS this would free up spaces in urgent suspected cancer clinics for other patients and would allow these patients to undergo conservative treatment in the primary care setting.

References:

1. Clark J, Olson L and Kujawa M. A review of the diagnosis and management of urethral caruncles. Urology News. 2017. Vol 22, No1. Accessed online <https://www.urologynews.uk.com/features/synopsis/post/a-review-of-the-diagnosis-and-management-of-urethral-caruncles>
2. Kaneko G, Nishimoto K, Ogata K, Uchida A. A case of intraepithelial squamous cell carcinoma arising from urethral caruncle. Can Urol Assoc J. 2011 Feb;5(1):E14-6. doi: 10.5489/cuaj.10027. PMID: 21470522; PMCID: PMC3038353.