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A rare cause of pre-ejaculatory urethrorrhagia: urethral condyloma acuminate

H. DELIKTAS [1], S. Y. CELIK [2], O. ERDOGAN [1], H. SAHIN [1]

[1]Department of Urology, Mugla Sitki Kocman University, School of Medicine, Mugla, Turkey
[2]Department of Pathology, Mugla Sitki Kocman University, School of Medicine, Mugla, Turkey

A 36-year-old male presented with complaints of dysuria and pre-ejaculatory urethral bleeding during sexual intercourse. Physical examination showed a papillary lesion measuring approximately 2 cm in the distal urethra, 1.5-2 cm from the external meatus. Cystourethroscopic examination showed that there were no other lesions in the urethra or bladder. The lesion was surgically excised and histopathologically determined to be condyloma acuminata. Urethral condyloma acuminata is a rare cause of pre-ejaculatory bleeding during sexual intercourse. During 8 months of follow-up the patient remained symptom-free.

Key words: Condyloma acuminate - Urethra - Human papillomavirus.

Condyloma acuminata is a sexually transmitted disease caused by human papillomavirus (HPV) and generally occurs in those aged 17-33 years.[1, 2] Penile condyloma acuminata generally occurs in the coronal sulcus and glans penis. Condyloma acuminata in the urethra is extremely rare and is most commonly observed in the distal 3-cm section of the urethra.[3] Herein we present the case of a patient with urethral condyloma acuminata that caused pre-ejaculatory bleeding during sexual intercourse.

Case report

A 36-year-old male presented with complaints of dysuria and pre-ejaculatory urethral bleeding during sexual intercourse. Physical examination showed normal external genitalia. Examination of the everted urethral meatus showed a papillary lesion measuring approximately 2 cm located 1-2 cm distal to the external meatus (Figures 1, 2). Urine analysis showed microscopic hematuria. Pyuria was not noted and urine culture was sterile. Cystourethroscopic examination showed a papillary tumoral lesion measuring approximately 2 cm located 1-2 cm from the external meatus; the other sections of the urethra and bladder were normal. Following eversion of the urethral meatus, a single lesion that did not have a wide base was observed. The lesion was surgically excised and histopathologically determined to be condyloma acuminata (Figure 3). At the 1-month follow-up examination the patient had no complaints and physical examination showed that the external meatus

Figure 1.—Image of the condyloma acuminata with the external meatus opened.

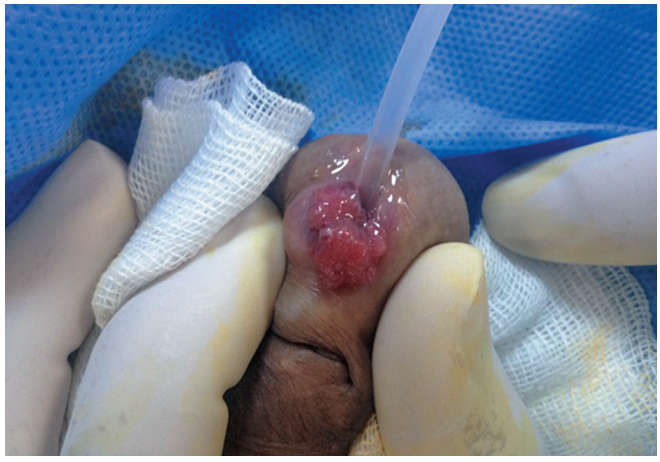

Figure 2.—Image of the condyloma acuminata with the external meatus everted.

Correspondent author: H. Deliktas, Assistant Professor, Mugla Sitki Kocman University, School of Medicine, Department of Urology, 48000 Mugla, Turkey. E-mail: hasandeliktas@mynet.com

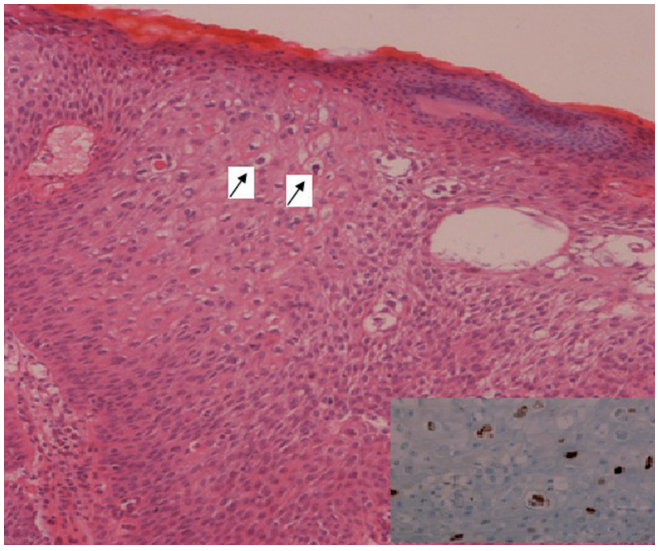

Figure 3.—On the surface parakeratosis, acanthosis, and papillomatous are seen, and below the epithelium there is chronic inflammatory cell infiltration. Arrows: Characteristic koilocytic cells in the epithelium (H&E, 40×).

was normal in appearance. Urinanalysis findings were normal and cystourethroscopy showed that the urethra was not narrow and that there were no lesions. During 8 months of follow-up the patient remained symptom free.

Discussion

Genital condyloma in the urethra caused by HPV is extremely rare. Urethral condyloma can cause dysuria, urethral bleeding, infection, and impaired micturition.[4, 5] Most urethral condylomata are observed in the first 3-cm section of the distal urethra;[3] such lesions can be easily seen *via* careful physical examination in patients who present with urethral bleeding. While opening the external meatus during physical examination clinicians should attempt to visual as much of the distal urethra as possible. Opening the external meatus and everting it externally in the present case facilitated visualization of the urethral lesion. The condyloma had a ventral location in the distal urethra.. As urethral support is weak in the ventral penis, the presented case's pre-ejaculatory urethrorrhagia caused by the condyloma was thought to be associated with trauma during sexual intercourse.

The treatment of urethral condyloma includes interferon, topical podophyllin, 5-fluorouracil, photodynamic therapy, cryotherapy, electrocoagulation, YAG laser, and local excision.[5, 6] A meatotomy may be necessary for condylomata localized in the Morgagni fossa and in such cases intraurethral lidocaine cream together with 5-fluorouracil may provide good results.[7] When there are wide-based, multiple lesions or lesions not suitable for surgical excision, intraurethral instillation may be indicated. Surgical excision can be safely performed in patients with an easily located single lesion that does not have a wide base. As the presented patient had 1 lesion that did have a wide base and was close to the distal, excision was easily performed via everting the external meatus.

Conclusions

Urethral condyloma acuminata should be considered in all patients that present with pre-ejaculatory urethral bleeding. During physical examination of such patients as much as possible of the distal urethral section should be visualized by everting the external meatus. Surgical excision is a safe and effective treatment option in patients with a single urethral condyloma that does not have a wide base and is close to the external meatus.

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Conflicts of interest.—The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

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