Fibroepithelial Congenital Polyp of Prostatic Urethra in an Adult Man

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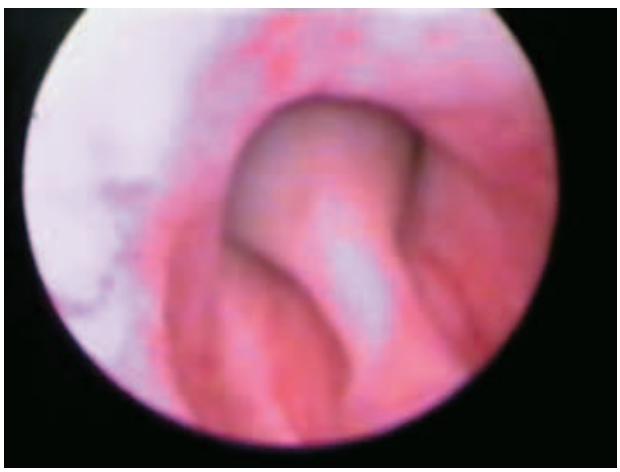
INTRODUCTION

Fibroepithelial polyps (FEPs) of the urethra are rare lesions in adults and are most frequently seen in men during the first decade of life.[1] These lesions are benign and congenital, usually discovered in infants and children, and have rarely been reported in adults.[2,3] Solitary polyps are called different names, such as *prostatic urethral polyps*, *FEPs of the urethra*, or *benign urethral polyps*.[4] Because of their location, as they achieve larger size, they can produce a variety of urinary symptoms including dysuria, hematuria, urinary tract infections, and obstructive symptoms, which may progress to urinary retention.[5] We report a case of benign FEP of the prostatic urethra in a 20-year-old man who presented with obstructive urinary symptoms and urinary retention.

CASE REPORT

A 20-year-old man presented with urinary retention. He had a 9-month history of voiding difficulties including dysuria, obstructive urinary symptoms, and suprapubic pain. Gray-scale ultrasonography revealed a round mass rose from the prostatic urethra, protruded to the bladder base. Increased bladder wall thickness was also seen. Urinalysis showed 18 to 20 erythrocytes and 4 to 5 leukocytes per high-power field, and urine culture was negative for growth of microorganisms. Cystoscopy detected a 1.5-cm to 2-cm polypoid mass at the bladder neck, which had been attached to the verumontanum by a long stalk (Figure). The mass had completely obstructed the urethral outflow.

The lesion was completely removed by transurethral resection and cauterization of the stalk. The specimen consisted of a piece of polypoid creamy tissue with soft consistency, measured 2.0 × 0.9 × 0.9 cm. The cut surface contained small cysts 0.4 cm in greatest diameter. Microscopically, the sections showed polypoid tissue lined by transitional epithelium with foci of squamous metaplasia, composed of proliferated and dilated



Endoscopic view of a pedanculated polyp in prostatic urethra.

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prostatic type glands. The stroma was congested and nonspecifically inflamed and consisted of benign fibrous connective tissue. Neither cytologic atypia nor mitosis was seen. There was no evidence of malignancy. The diagnosis of a fibroepithelial congenital polyp of the prostatic urethra was made by pathologic examination.

DISCUSSION

Urinary polyps have been described to be present from the middle calyxes of the kidney to the anterior urethra. The FEP located in the lower part of the urinary tract usually develops in the posterior urethra and more often seen in children than in adults.[4] The etiology is controversial; however, congenital, irritative, infectious, obstructive, and traumatic causes have been proposed.[6] The presence of a large polyp in healthy newborns and infants is strongly in favor of a congenital origin.

The histological findings of the fibroepithelial congenital polyps of the prostatic urethra are those of benign polypoid lesions lined by transitional urothelium. Associated inflammation, erosion, ulceration, and reactive metaplastic changes may be present.[5] Findings due to intermittent or acute obstruction of the bladder outlet, such as hesitancy, diminished urinary stream, incomplete emptying, and urinary retention are the main symptoms.[7] With a reported incidence of 30% to 60%, hematuria is another common symptom.[8] The differential diagnoses in these cases are extensive and include posterior urethral valves, inverted papilloma of the urinary bladder, acquired reactive polyps, ectopic prostatic tissue, villous polyps, prostatic adenocarcinoma, transitional cell carcinoma, and also malignant mesenchymal neoplasms of the urinary bladder such as rhabdomyosarcoma.[5]

Voiding cystourethrography and ultrasonography examinations aid to diagnose the polyps, but endoscopic examination is necessary to confirm and to excise the lesion.[9] When similar radiologic and endoscopic lesions are identified in adult population, the possibilities of a prostatic polyp or a villous polyp should be ruled out. Prostatic polyps are considered reactive lesions, and fibrovascular stroma in these cases is lined by benign prostatic ducts and glands rather than by urothelium.[10] Villous polyps, on the contrary, exhibit varying degrees of dysplasia and are known to recur and sometimes progress to malignant adenocarcinoma.[11] Transurethral resection of a urethral polyp has become the treatment of choice. Endoscopic resection using electrocautery or laser energy is usually successful and open cystomy is rarely required.[3]

We reported a case of a fibroepithelial polyp of the prostatic urethra in an adult male who presented with obstructive urinary symptoms and urinary retention. The clinical, radiographic, and endoscopic findings are consistent with an obstructing mass at the bladder neck and prostatic urethra. The lesion was completely removed by transurethral resection. Pathologic examination confirmed the diagnosis of an FEP of the prostatic urethra.

CONFLICT OF INTEREST

None declared.

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