

Urethral Strictures in Females

Pages with reference to book, From 150 To 153

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Abstract

Forty two females ranging in age from 2 years to 76 years were seen over an 18 months period with urethral strictures. In adults (over 14 years) the prevalent symptom was increased frequency of micturation followed by dysuria, urgency and other symptoms of urinary tract infection (UTI). Thirty percent presented with Acute retention of urine.

In children (under 14 years) presenting with U.T.I, IVP was diagnostic (the most significant investigation) showing post micturation residual urine and/or trabeculated bladder with other back pressure effects. Treatment was a simple procedure of urethral dilatation. A success rate of over 70% was seen with symptomatic improvement.

Introduction

Urethral strictures are well recognized in males but are comparatively uncommon in females. Patients present with symptoms of UTI and are treated as such. In our culture women tend to present late when urinary frequency interferes with religious duties and social life. Investigation of the underlying cause of U.T.I. and increased urinary frequency may reveal a urethral structure. The present study evaluates the usefulness of urethral dilatation in females with strictures.

Material and Methods

Forty two females seen over an 18 month period were analysed.

Their clinical features were recorded. Investigations included blood count, BUN and Serum creatinine, urine examination along with colony count and an WP. Panendoscopy was done in only 59% cases.

Urethral calibration was carried out prior to dilatation. The calibre of the urethra was noted in terms of the largest noted dilator which could be passed without the instrument hanging on withdrawal.

Immergut et al. Calibrated urethras in a group of girls without urinary tract disease and established the following normal measurements 15F for less than 4 years; 17F for 5-9 years and 21 F for 10 - 14 years.

A Urethral stricture is diagnosed in adults if a 20F dilator cannot be passed freely.²

Urethral dilatation was done with graduated metal bougies upto 26F in children (under 14 years) and 38F in adults (over 14 years).

Results

The ages ranged between 2 to 76 years. Symptoms and Signs are shown in following Table.



Fig. 1. IVP of 6 years old girl showing large post micturation residual urine.



Fig. 2. IVP of female age 70 showing trabeculated bladder and diverticulae formation.



Fig. 3. IVP showing large distended bladder with gross bilateral hydroureters and hydronephroses.

Only a fine metal probe could be passed in females with acute retention. In children calibre was not larger than 8F and in adults 12F.

Satisfactory results were achieved with dilatation. Followup has been from 3 months to one year.

Of the 13 patients with acute retention of urine 11 have been able to urinate and did not develop retention again. Of the other 29 all had amelioration of symptoms initially except 2 who were considered failures. Four cases required redilation within six months. Two patients died, 1 from septicaemia due to an indwelling catheter and another from complications of hypertension. Post dilation I.V.P. are shown in Fig. 4 and 5.

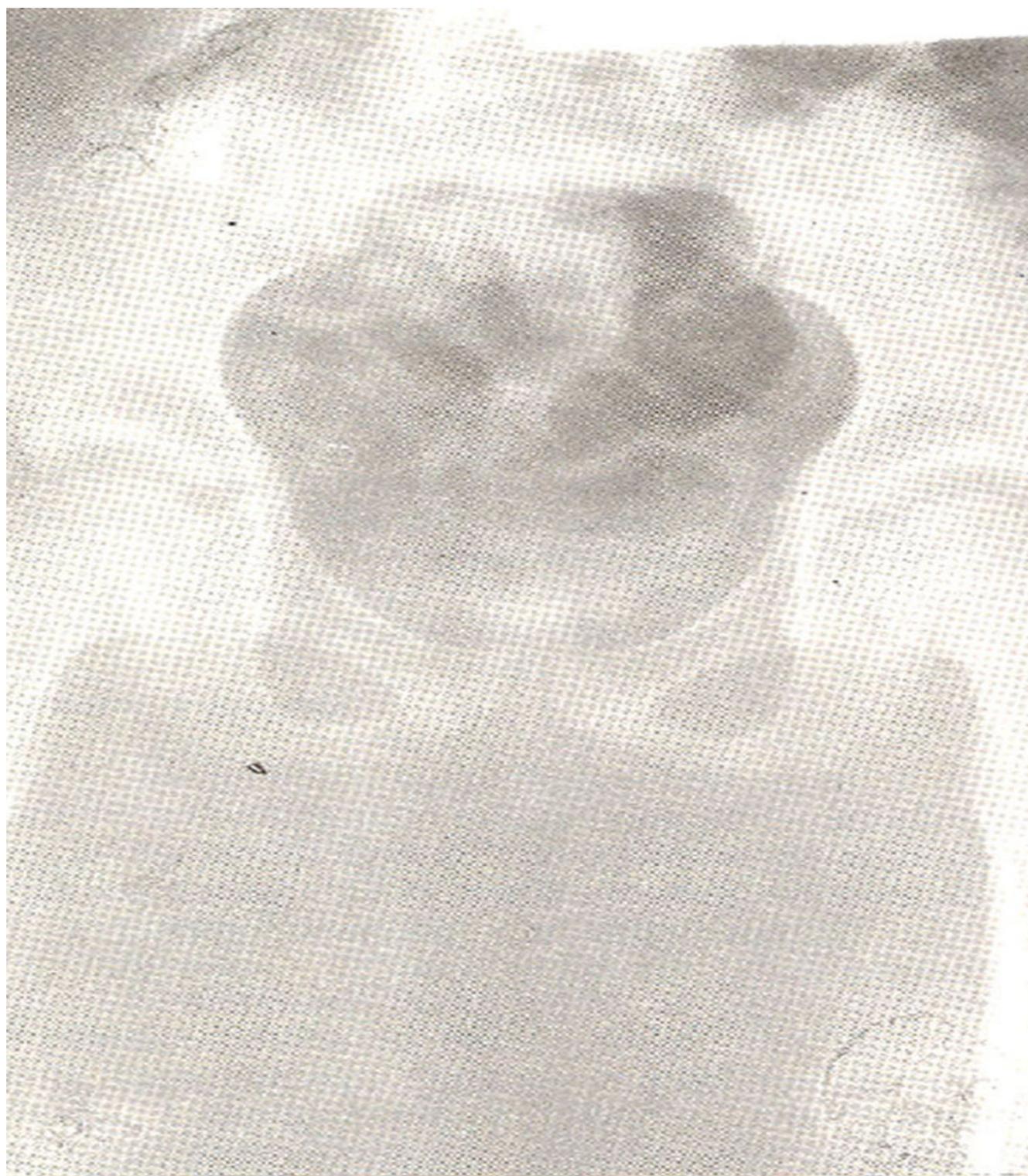


Fig. 4. IVP of same girl as in Fig. 1 after dilation showing no residual urine.



Fig. 5 IVP of same patient as in Fig. 3 after dilatation showing normal pelicalycearl system.

Discussion

The majority of female patients with urethral strictures present with urinary frequency due to

inadequate emptying. Unless investigated they may be treated simply with urinary antisepsis and antibiotics with little improvement. Thirty percent of patients in the present series presented with acute retention.

Children present with symptoms of UTI. The child cries a lot and may wet her clothes during the day. Others have nocturnal enuresis³.

Urethral dilatation is a simple procedure which can be carried out even under local anesthesia and as an out patient. The diagnosis should be based on IVP and calibration. The female Urethral Syndrome which gives the same set of symptoms should be differentiated.⁴ The urological examination in the latter is typically negative and urethral dilatation gives no relief.

References

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