

Urethral diverticulum with stone: An uncommon vaginal mass

Rima Anggrenah Dasrilsyah^{1,3}, Maherah Kamarudin^{2,3}, Aruku Naidu Apana³

¹Department of Obstetrics & Gynaecology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia, ²Department of Obstetrics & Gynaecology, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia, ³Department of Obstetrics & Gynaecology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

ABSTRACT

Introduction: Urethral diverticulum(UD)in females is a rare condition that may mimic vaginal wall cyst. Here, we presented a case of urethral diverticulum with a stone which was thought to be fibroma and underwent surgical intervention. **Case Description:** A 66-year-old, para 9+1 was referred to our clinic for persistent uterovaginal prolapse despite ring pessary. The patient reported the presence of a vaginal mass of five-year duration, that was associated with incomplete voiding. A sub-urethral mass measuring 2 x 3 cm, firm and non-tender was visualised, with an initial diagnosis of anterior vaginal wall fibroma. Examination under anaesthesia and cystoscopy confirmed a urethral diverticulum with a stone, which was excised. The urethral defect was closed and Martius flap was interposed between the repair and vaginal skin. The labial majora was closed with absorbable sutures, the dead space obliterated and radivac drain was inserted. The patient was discharged on continuous bladder drainage for 3 weeks and was planned for a micturating cystogram later. **Discussion:** UD with a stone is uncommon. Commonly it will be presented as a hard vaginal mass. The management depends on whether it is symptomatic but usually patients will undergo surgical excision rather than conservative treatment. In most patients with small defects, the most effective approach was found to be complete excisional diverticulectomy with multilayer watertight closure. For patients with larger defects, compromised tissue quality, or inadequate blood supply, the Martius flap procedure is a dependable option with a minimal rate of complications.

Dealing with surgical challenges during vaginal hysterectomy with uterine fibroid

Rima Anggrenah Dasrilsyah^{1,3}, Maherah Kamarudin^{2,3}, Aruku Naidu Apana³

¹Department of Obstetrics & Gynaecology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia, ²Department of Obstetrics & Gynaecology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia, ³Department of Obstetrics & Gynaecology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

ABSTRACT

Introduction: Vaginal hysterectomy is considered as one of the minimally invasive forms of hysterectomies, with superior results and a low complication rate. The benefits of vaginal hysterectomy include reduced pain and quicker recovery. This procedure is typically performed for non-cancerous hysterectomies, particularly for a prolapsed uterus. The choice of the vaginal route for hysterectomy has frequently been influenced by the size of the uterus. Here we present a case of vaginal hysterectomy with a huge posterior uterine fibroid. **Case Description:** A 79-year-old lady presented with a one-year history of mass per vagina associated with incomplete voiding. Clinically, the uterus was 16 weeks in size and mobile. These were grade 2 anterior and uterovaginal and posterior vaginal wall prolapses. Ultrasound pelvis revealed a posterior intramural myoma, 8 cm in size. She underwent a vaginal hysterectomy and pelvic floor repair. Intraoperatively, a huge degenerative posterior intramural fibroid was found to be located on the left posterior wall near the fundus more on the left side. Myomectomy was performed in a piecemeal manner to aid the vaginal hysterectomy. Subsequently, the fibroid cavity was closed and the hysterectomy was carried out in the usual manner. No intraoperative complication was encountered. **Discussion:** Vaginal hysterectomy is a viable option to remove a large uterus with uterine fibroid. The challenges associated with the size can be overcome through experience and the application of different techniques such as uterine morcellation, bisection, and myomectomy. Considering all the advantages of vaginal hysterectomy, it is recommended as the preferred approach whenever feasible.