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Capillary haemangioma of verumontanum: Case report and review of the literature

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Abstract. A case of 24-year-old male patient with persisting microscopic haematuria is described. The endoscopic diagnosis revealed polyp lesion protruding from the origin of verumontanum. The histopathologic examination showed capillary haemangioma with fibroepitel component containing no prostatic glandular structure. The literature was reviewed, the histogenesis and nomenclature was discussed.

Key words: Haematuria, Urethra, Verumontanum

Introduction

There are variations of terminology used to describe the polypoid or papillary lesion of prostatic urethra, due to the different histopathological features that lead to considerable confusion. We describe a case of polypoid lesion of capillary haemangioma protruding from the origin of verumontanum into the bladder. Transurethral resection of the lesion was performed as a diagnostic and therapeutic intervention.

Case report

A 24-year-old male patient admitted to us due to persisted sterile microscopic and macroscopic haematuria at the beginning of urination. Disuria and difficulty in urination without history of urinary tract infection was present. Physical examinations and laboratory tests did not show any abnormal findings. Urethrocyctoscopy showed a polypoid lesion with stalk arising from the posterior floor of verumontanum (Figure 1). Resection of the lesion was performed. Histopathological study demonstrated ulceration in the transitional epithelial layer with muscular layer below. There was intensive capillary proliferation with inflammatory infiltration of plasma, lymphocytes, and neutrophil cells. Prostatic glandular-like structure could not be detected (Figure 2). The patient was discharged on the same day, there was no complaints existed at the post-operative period and the microscopic haematuria disappeared.

Discussion

According to Downs [1], congenital polyps of posterior urethra arise as defective protrusion of urethral wall. The usual complaints of disuria, haematuria, straining to void and urinary retention are related to bladder outlet obstruction. They occur most commonly in infancy and childhood. The youngest patient described was 3 weeks old [2] and the average age at diagnosis was 7–9 years. Although the clinical symptoms are almost similar the nomenclature showed wide variation due to the heterogeneous histopathological feature. We tried to classify the polyps of prostatic urethra into two groups according to the existence of prostatic glandular tissues or not. In the first group where there are prostatic glandular tissues, the neoplastic potential and possibility of recurrence existed [3, 4]. There are many reports concerned to this group like ectopic prostatic tissue of urethra, prostatic caruncle, adenomatoid metaplasia of prostatic urethra, adenomatous polyp, papillary adenoma,

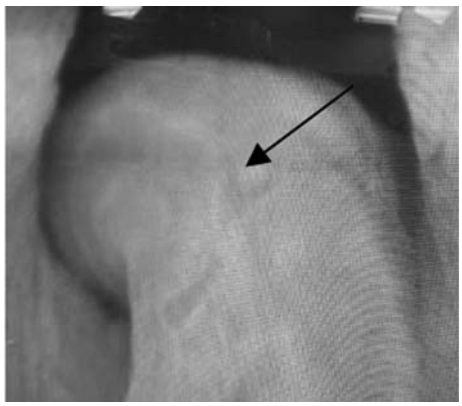

Figure 1. Endoscopic appearance of the polyp (arrow) protruding into bladder.

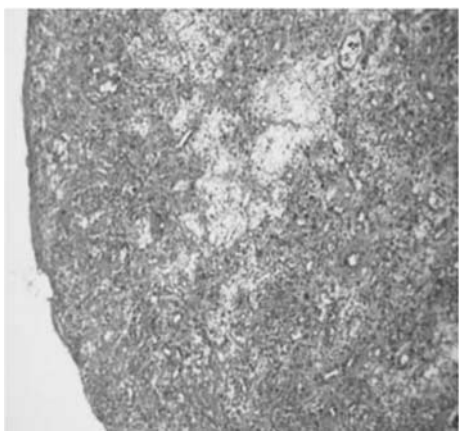

Figure 2. View of the polyp demonstrates prominent capillary proliferation accompanied with infiltration of inflammatory cells (HE, 10×).

epithelial polyp (benign), prostatic urethral polyp and papillary prostatic epithelial hyperplasia [5]. The second group contains no prostatic glandular tissues as fibroepithelial polyp [6], polypoid urethritis [7], proliferative papillary urethritis [8, 9], congenital urethral polyps which is seen in infancy [1] and urethral haemangioma [10].

Our case belongs to the second group as the histopathologic examinations demonstrate capillary haemangioma without prostatic glandular tissues. As there is no risk of malignancy in the second group, the transurethral resection of the polypoid lesion will be enough to relieve the symptoms, if the symptoms exist.

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