



RE: Simple vs Complex Urethral Diverticulum: Presentation and Outcomes

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EDITORIAL COMMENT

Urethral diverticulum (UD) was first described by Hey in 1805. Albeit it has mostly an acquired origin, it might also be congenital. According to the literature, the prevalence ranges between 1 and 6% in female population and it is mostly located at the mid-urethra. Size also reveals a variability from a few mm to more bigger forms. In 10% of cases, multiple numbers of UD can be observed at the same patient. Romanzi in 2000 reported that the diagnosis is often overlooked and after an average of 9 doctors a proper diagnosis could be established. This paper is an excellent presentation of UD which were further sub-categorized as simple and complex. Literature is limited on the presenting symptoms and results after repair of complex UD compared with simple UD. In this series, 11 over 43 UD cases were classified as complex when an axial MRI imaging revealed more than 75% circumferential involvement of the urethra. Complete urethral division and an end to end anastomosis was done in complex UD to access the dorsally or circumferentially located diverticulum. In simple UD, transvaginal excision technique was used. When the patients complained urinary incontinence concomitantly, videourodynamics was done to differentiate postvoid dribbling from the true SUI. An autologous fascial pubovaginal sling was done in those cases with SUI besides the repair of UD. When the tissue was poor they utilized Martius flap. Mean age of both complex and simple UD did not reveal a significant difference (52.7 vs. 50.9). The striking difference when evaluating patient demographics was the high concomitant occurrence of SUI in complex UD (90.9 vs. 56.3%). Postoperative symptoms were also similar except a more tendency to urinary tract infection after repairs of complex UD (27.3 vs. 3.2%). In three patients urinary retention was observed and in one of them sling was incised vaginally. Urethral stricture developed in one case belonging to complex group that was managed with serial dilations of the urethra. Retrospective design is the significant limitation of this study. Since experience of many female urologists on complex UD is considerably lacking, favorable postoperative outcome in this study can be encouraging.

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