

## Case report

### Urethral cavernous hemangioma in a female patient: a rare entity

Mustafa Suat Bolat<sup>1, &</sup>, Kubilay Yüzüncü<sup>2</sup>, Ekrem Akdeniz<sup>1</sup>, Ayse Nurten Demirdoven<sup>2</sup>

<sup>1</sup>Samsun Teaching and Education Hospital, Department of Urology, Samsun, Turkey, <sup>2</sup>Private Atasam Hospital, Clinic of Urology, Samsun, Turkey

<sup>&</sup>Corresponding author: Mustafa Suat Bolat, Samsun Training and Education Hospital, Department of Urology, Samsun, Turkey

Key words: Urethral cavernous hemangioma, urinary system, genital infection

Received: 13/11/2015 - Accepted: 02/12/2015 - Published: 11/12/2015

#### Abstract

Genitourinary hemangiomas are rare entities of the urinary system. We reported a female patient who suffered dyspareunia and intermitant hematuria that was proved as urethral cavernous hemangioma. Despite its benign nature, hemangiomas may recur due to incomplet excision.

**Pan African Medical Journal. 2015; 22:352 doi:10.11604/pamj.2015.22.352.8418**

This article is available online at: <http://www.panafrican-med-journal.com/content/article/22/352/full/>

© Mustafa Suat Bolat et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## Introduction

---

Genitourinary hemangiomas are rare entities that may seldom affect lower portion of the urinary system. Urethral hemangiomas are mostly reported men. Female urethra is rarely affected [2,3]. In this presentation we reported a cavernous hemangioma of the urethra in a female patient who suffered dyspareunia and intermitant hematuria.

## Patient and observation

---

Fifty one year old female patient admitted to our clinic with difficulty of urination, dyspareunia and intermitant hematuria. Her medical history revealed no genital surgery and genital infection. On her physical examination, there was a painless, reddish lesion in 30 mm diameter at distal part of urethra surrounding external meatus (Figure 1). Laboratory findings were within normal range. On Computerized Tomography (CT) there was no pathological finding in upper part of the urinary system. After confirming the cystoscopy was normal, urethral mass excision was planned. A foley catheter was placed and mass was excised completely. External meatus was everted with interrupted 3-0 synthetic absorbable sutures (Figure 2). Pathological examination revealed an encapsulated mass which was composed of large, cavernous vascular spaces filled with blood and separated by connective tissue stroma diagnosed as cavernous hemangioma of the urethra (Figure 3). Foley catheter was withdrawn five days after the procedure. The patient was symptom free at seven month follow-up with no evidence of recurrence.

## Discussion

---

Hemangioma is a very rare pathology and it may be seen in the kidney, ureter, bladder, prostate and urethra [1]. In radiological evaluation, there was no pathological findings in upper urinary system. Involvement of the urethra is extremely rare in women, and reports have been presented as only case reports [2,3]. The most common symptom is hematuria but patients may also present with urethral mass. In concordance with literature, our patient suffered from intermitant hematuria and frequency on urination. Differential diagnosis of urethral hemangiomas should be considered with malign and benign conditions such as carcinomas, caruncula and

periurethral abscess. In spite of benign nature, hemangiomas may recur due to incomplet excision. Other theurapotic modalities are electrocautery or laser ablation [4].

## Conclusion

---

Differential diagnosis of urethral hemangiomas should be considered with malign and benign conditions such as carcinomas, caruncula and periurethral abscess. In spite of benign nature, hemangiomas may recur due to incomplet excision.

## Competing interests

---

The authors declare no competing interests.

## Authors' contributions

---

Kubilay Yuzuncu and Mustafa Suat Bolat have examined and operated the patient. Ekrem Akdeniz has reviewed the literature. Ayse Nurten Demirdoven has done histopathological diagnosis. All authors have read and approved the final version of the manuscript.

## Figures

---

**Figure 1:** Preoperative appearence of urethral hemangioma

**Figure 2:** Postoperative appearance

**Figure 3:** Encapsulated mass was composed of large, cavernous vascular spaces filled with blood cells

## References

---

1. Hayashi T, Igarashi K, Sekine H. Urethral hemangioma: case report. J Urol. 1997;158:539-40. [PubMed](#) | [Google Scholar](#)
2. Uchida K, Fukuta F, Ando M, Miyake M. Female urethral hemangioma. J Urol. 2001;166(3):1008. [PubMed](#) | [Google Scholar](#)

3. Tabibian L, Ginsberg DA. Thrombosed urethral hemangioma. J Urol. 2003;170(5):1942. [PubMed](#) | [Google Scholar](#)

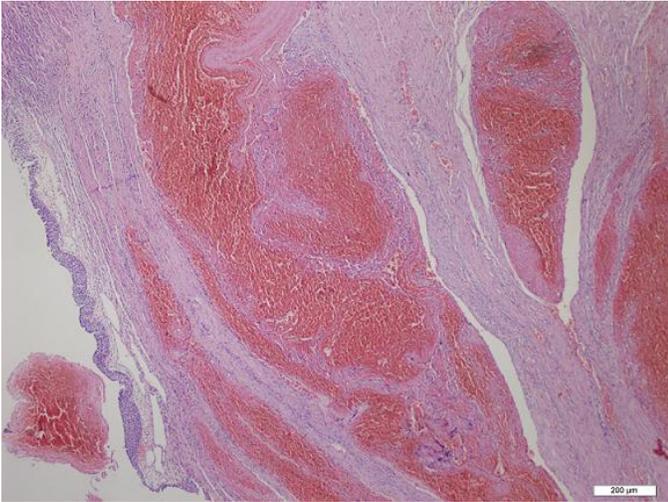
4. Abdullaev FK, Nikolaev VV, Kulaev VD, Cherkashina EN. Urinary bladder hemangiomas in children: experience with endoscopic treatment. Urologiia. 2011 Jan-Feb;(1):46-9. [PubMed](#) | [Google Scholar](#)



**Figure 1:** Preoperative appearance of urethral hemangioma



**Figure 2:** Postoperative appearance



**Figure 3:** Encapsulated mass was composed of large, cavernous vascular spaces filled with blood cells