Recurrent rhinosporidiosis of male urethra


Departments of Urology, *Surgery, **Radiology, Medical College and Hospital, Kolkata - 73, India

For correspondence:
Dilip Kumar Pal, Vinayak Garden, Flat No.- A/3D, 41, Simla Road, Kolkata- 700 006, India. E-mail: drdkpal@hotmail.com

ABSTRACT

Rhinosporidiosis is a chronic granulomatous disease caused by a fungus, Rhinisporidium seeberi. Though the favored site is the nasal mucosa, urethral involvement does occur in this disease, only a few cases are reported in the literature and they are mostly from India. Here we report a case of recurrent urethral rhinosporidiosis, presenting as a protruding mass from the urethral orifice during voiding.

Key words: Male urethra, rhinosporidiosis, recurrent.

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Rhinosporidiosis is a chronic granulomatous disease caused by a fungus, Rhinisporidium seeberi. Urethral involvement in this disease is very rare, only few cases are reported in the literature and they are mostly from India.[1] The lesion usually presents as a pedunculated or sessile mass involving mainly the nasal mucosa followed by conjunctiva.[2,3] Other rare sites of involvement are nasopharynx, maxillary antrum, tracheobronchial tree, larynx, skin, vagina, vulva and rectum.[3-5] Here we report a case of recurrent urethral rhinosporidiosis, presenting as a protruding mass from the urethral orifice during voiding.

CASE REPORT

A 27-year old man from a rural background, presented with something coming down through the external urethral meatus during voiding, with poor urinary flow and occasional bleeding from the urethra for the last 2 years. He had a similar history before 7 years, for which a protruding urethral mass was excised by a general practitioner, but all the operative records were lost. On examination, he had normal external genitalia with a reddish 1.5 cm long mass coming out through the normal urethral opening, on retracting the glans and asking the patient to perform Valsalva maneuver [Figure 1]. His hematological and renal biochemical parameters were normal. Color Doppler ultrasonography of the penis showed a highly vascular sessile mass arising from the ventral surface of the urethra, 3 cm proximal to the meatus. Cystourethroscopy suggested a long pinkish mass (3 cm x 1 cm) arising from the ventral surface, proximal to the fossa navicularis with the normal rest of the urethra. Transurethral resection of the mass was done using low coagulation current, with a diagnosis of anterior urethral polyp. Histopathology suggested a nonspecific chronic infiltration of plasma cells and lymphocytes encircling sporangia in different stages of

Figure 1: Intraurethral mass seen on retracting the glans and asking the patient to perform valsalva maneuver
maturity, enclosed in a double chitinous cell wall, leading to a diagnosis of rhinosporidiosis. Follow up cystoscopy at 3 months and one year showed that there was no recurrence or stricture formation at the resection site.

**DISCUSSION**

Rhinosporidiosis of urethra is very uncommon and practically unknown in western countries. The lesion mainly occurs in the terminal urethra and sometimes, extensive involvement of the glans can mimic a penile malignancy. The disease mainly affects the younger age group and mostly males. Though it has been reported in two female patients, in a large series of urethral rhinosporidiosis, their spouses were free from the disease. Although the exact mode of contamination is controversial, most of the workers believe that contaminated stagnant water and soil is the source of infection. Some are of opinion that trauma to the mucosa is an essential precondition for contamination. Though the disease has a benign course and remains localized, two fatal cases with disseminated rhinosporidiosis have been reported. Surgical extirpation, followed by electro coagulation of the base is the preferred method of treatment. Recurrence has been documented up to 25% due to inadequate resection, as in the present case, or in case of reinfection. Sometimes, partial amputation of the penis may be required, due to extensive involvement of the glans.

**REFERENCES**