CLINICAL VIGNETTE

Urethral Caruncle: Expanding the Differential for Dysuria in Postmenopausal Women

Valerie S. Wong, MD and Kimberly J. Richardson, MD

Case Presentation

An 83-year-old with type II diabetes mellitus, and recurrent urinary tract infections presents for dysuria. Patient denies fevers, chills, rigors, nausea, vomiting, flank pain, or lower abdominal discomfort. She reports pain with urination for the past month. She is concerned this may be another urinary tract infection as she has already had three in the past year. She is sexually active with one male partner.

Vital signs included blood pressure of 129/64, heart rate of 84, temperature of 97.1F, and room air oxygen saturation of 96%. There is no suprapubic discomfort or flank pain. A urine sample in clinic and evaluation is notable for: 100mg/dL glucose, trace blood; 100mg/dL protein, negative nitrites and leukocytes.

Gynecologic exam is performed with daughter-in-law as chaperone per patient request. A urethra caruncle is noted at the orifice of the external urethral opening. No other abnormalities are noted on internal or external exam of the genitalia. Patient was advised to start topical estrogen for two months and symptoms improved with therapy.

Discussion

Urethral caruncles are a benign gynecologic condition in which there is a fleshy outgrowth of the posterior urethral meatus.[1] Characteristic findings include a soft pink or red, sessile or pedunculated, exophytic mass protruding from the urethral meatus. Generally, these lesions are asymptomatic and less than 1 to 2 cm in size.[1] However, a subset of patients may present with symptoms including: dysuria, pain, microscopic hematuria, or rarely urinary obstruction.[1] Diagnosis is primarily made by direct clinical examination. The urethra should palpated to rule out induration, which may be suggestive of underlying malignancy.[1,2] If the lesion is firm, irregular, increasing in size, or with associated inguinal adenopathy, excisional biopsy may be indicated.[1,2] Additionally, patients should be referred to urologic specialist if there is failure to respond to topical estrogen cream.

Differential diagnosis for urethral caruncle includes urethral prolapse or urethral polys. Urethral prolapse tissue will generally appear more friable, ulcerated and edematous. Urethral polyps are more common in prepubertal males.[1] Additional considerations include urethral varices, leiomyoma, or malignancies including transitional cell carcinoma, sarcoma, lymphoma, melanoma, squamous cell carcinoma, urethral carcinoma, or metastatic disease.[1,2]

First-line treatment for symptomatic patients includes topical estrogen cream for two to three months.[2] Approximately 0.3mg of estrogen cream is directly applied to the caruncle once daily for two weeks then two times per week for two to three months.[2,3] If large or persistent lesions remain, surgical excision and biopsy should be offered under local or regional anesthesia. Referral to Urogynecology or urology is recommended if surgical intervention is considered necessary. Some caruncles recur and repeat trials of topical estrogen are reasonable.[2,3]

Conclusion

Urethral caruncles are a common benign urogynecologic condition most commonly seen in post-menopausal women. In post-menopausal female patients with dysuria or frequent urinary tract infections, it is important to complete a pelvic exam in addition to urinalysis with culture to delineate if symptoms are truly due to urinary tract infection or alternative etiology such as a urethral caruncle. Generally, these lesions can be managed in the primary care setting but those that fail to resolve should be referred to urologic specialists for further assessment and management which may include surgical biopsy.

REFERENCES

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