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RETICULUM CELL SARCOMA OF THE FEMALE URETHRA: REPORT OF A CASE

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ABSTRACT

Primary reticulum cell sarcoma of the urethra seen in an 83-year-old woman is described.

Urethral tumors in either the male or the female urethra are rather uncommon. Malignant lymphoma of the urethra, whether primary or secondary, is very rare. We report here a case of primary reticulum cell sarcoma of the female urethra.

CASE REPORT

An 83-year-old woman complained of progressive dysuria for 3 months. She visited a gynecologist and was found to have a mass at the urethral meatus. Biopsy showed a neoplasm, possible malignant lymphoma, so she was referred and admitted to our hospital. An indwelling urethral catheter had been inserted to relieve her discomfort. Physical examination revealed a tumor 3 cm in diameter at the urethral meatus (Fig. 1). Superficial lymph nodes were not enlarged. Along the entire urethra induration was palpated. Gynecological examination including biopsy of the cervix revealed no abnormalities in the genital organs. There were no atypical lymphocytes in the peripheral blood. Chest tomograms and pedal lymphograms were normal. Excretory urography and cystoscopy were scheduled but progressive debilitation and episodes of fever made them impossible. On the 14th hospital day, she complained of severe pain in the right lower abdomen. High temperature and progressive abdominal distension suggested generalized peritonitis probably due to perforation of the appendix, and an emer-

gency laparotomy was performed under local anesthesia because of her poor general condition. The appendix was intact and the gastrointestinal tract was normal. Purulent discharge was found originating from the ruptured uterine fundus. Hysterectomy could not be performed because of the poor condition of the patient. Part of the uterine wall was resected for examination, and the ruptured site was closed. During operation the paraortic and mesenteric regions were examined, but there were no enlarged nodes. The postoperative course was downhill, and she died of pneumonia. Postmortem examination was refused.

Microscopic sections from the urethral tumor revealed reticulum cell sarcoma (Fig. 2A and 2B). A specimen from the uterine wall revealed inflammatory changes.

DISCUSSION

Malignant lymphoma of the female urethra, whether primary or secondary, is very rare, and only a few cases have been reported^{1,2,3,4)}. In autopsy cases of malignant lymphoma Watson⁵⁾ reported only one case of urethral involvement out of 456 cases and Richmond⁶⁾ reported no urethral involvement in a series of 703 cases. These incidences show that the urethra is rarely the seat of a metastasis or of neoplastic infiltration.

As a postmortem study was refused, definite proof of the primary occurrence

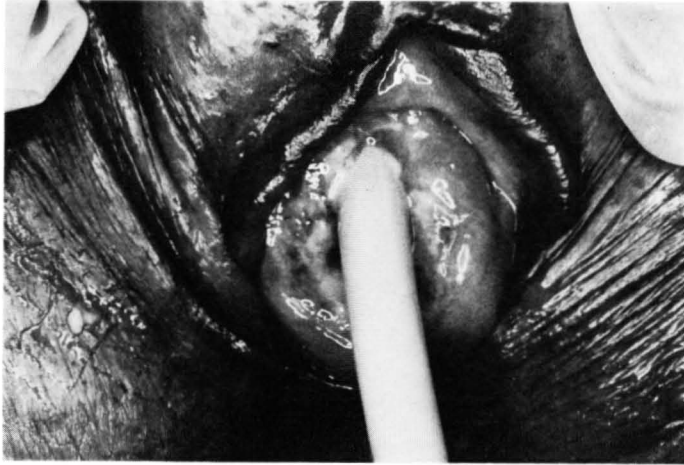


Fig. 1. A tumor at the urethral meatus.

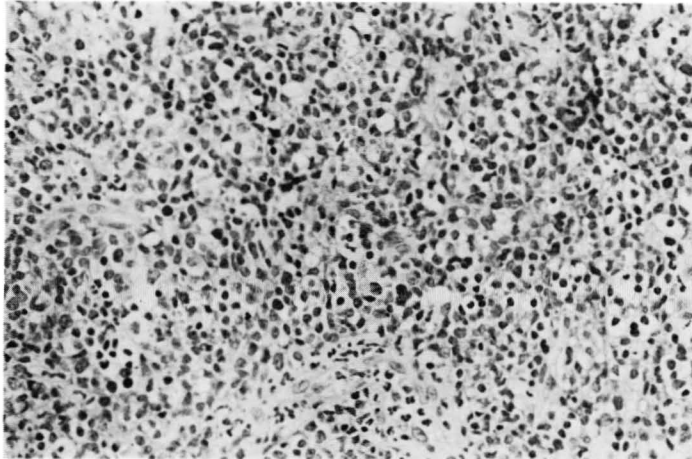


Fig. 2 A. A homogenous distribution of round or polygonal tumor cells. Pleomorphism of a mild degree is noticed.

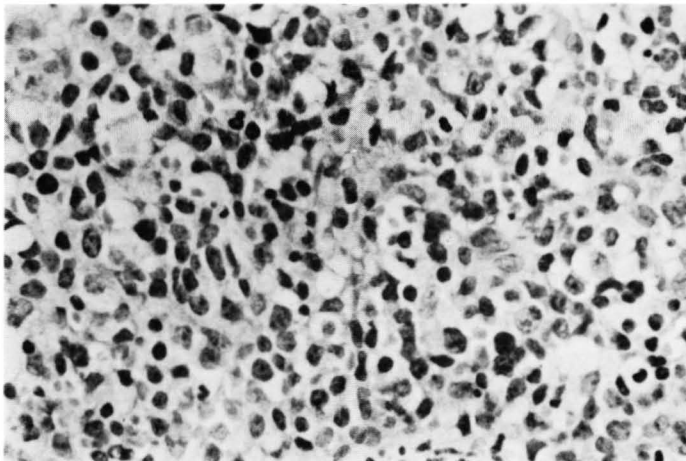


Fig. 2 B. Higher magnification of the same specimen. The tumor tissue is composed of round to polygonal cells without special arrangement. The cytoplasm of the tumor cells is abundant and vacuolated. The nucleus of the tumor cells is round to oval and has a fine or coarse nuclear network, with occasional distinct nucleoli.

in the urethra could not be obtained in this case. Thus, the diagnosis of primary reticulum cell sarcoma of the urethra was made on the clinical evidence: normal chest tomograms, normal pedal lymphograms and normal lymphatic channels observed during laparotomy.

Peritonitis due to spontaneous rupture of pyometra is also rare. Senile atrophy of the uterus associated with closure of the cervical orifice might have caused pyometra following biopsy of the cervix. Increased intrauterine pressure due to further accumulation of fluid might have given rise to rupture of the uterine fundus.

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和文抄録

女子尿道細網肉腫の1例

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83歳の女子で排尿困難を主訴として当科受診, 外尿道口部に直径約3 cmの腫瘍を認め, 生検にて細網肉腫と判明. 胸部X線写真およびリンパ管造影にて転移所見なし. 入院後全身状態が悪化し, 14日目にたまたま右下腹部の激痛と腹部膨満を訴え, 発熱と白血球増多を認めたため虫垂穿孔による汎発性腹膜炎の疑いにて開腹術を施行した. 虫垂および上部消化管に異常なく子宮底中央部より膿汁が腹腔内に流出するのが認められた. 子宮膿瘍穿孔による腹膜炎の診断のもとに, 同部を切除縫合し腹腔腔内にドレーンを設置し手術を終えた. 術中, 傍大動脈および腸間膜リンパ節を

観察する機会が与えられたが, とくに異常を認めなかった. 術後経過は悪く, 嚥下性肺炎のため死亡した. 剖検はおこなわれなかった.

女子尿道の悪性リンパ腫症例の報告は原発性にしろ転移性にしろ非常に少ない. われわれの症例は剖検できなかったので, 厳密にいうと臨床検査や手術時観察の到達しうる以外の部位に原発巣が絶無であるとはいえないが, 臨床所見からすると, あきらかに原発性細網肉腫症例と考えられる.

本文の要旨は第87回日本泌尿器科学会関西地方会にて発表した.