<table>
<thead>
<tr>
<th>Title</th>
<th>RETICULUM CELL SARCOMA OF THE FEMALE URETHRA: REPORT OF A CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Pak, Kyun; Takayama, Hidenori; Tomoyoshi, Tadao; Takeoka, Osamu</td>
</tr>
<tr>
<td>Citation</td>
<td>泌尿器科紀要 (1980), 26(5): 599-601</td>
</tr>
<tr>
<td>Issue Date</td>
<td>1980-05</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/2433/122639">http://hdl.handle.net/2433/122639</a></td>
</tr>
<tr>
<td>Right</td>
<td>Departmental Bulletin Paper</td>
</tr>
<tr>
<td>Textversion</td>
<td>publisher</td>
</tr>
</tbody>
</table>
RETICULUM CELL SARCOMA OF THE
FEMALE URETHRA: REPORT OF A CASE

Kyun Pak, Hidenori Takayama,
Tadao Tomoyoshi and Osamu Takeoka

From the Department of Urology and Pathology, Shiga University of Medical Science, Otsu, Japan

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 emergency 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 paraaortic 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. In autopsy cases of malignant lymphoma Watson reported only one case of urethral involvement out of 456 cases and Richmond 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
High magnification showed 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.

REFERENCES


(Accepted for publication November 30, 1979)