

Haemorrhage as initial symptom in urethral prolapse: Related factors

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INTRODUCTION

Urethral prolapse: eversion and circumferential protrusion of the urethral mucosa through the external meatus. The aetiology can be congenital or acquired, and it can appear at any age.

Clinical manifestations vary depending on age and the diagnosis is clinical. Initial treatment is usually conservative, and surgical resection is recommended when complications appear.

The aim of this study is to know the factors associated with urethral bleeding as the first symptoms in urethral prolapse.

MATERIAL AND METHODS

Study design: Retrospective observational.

17 patients

Study period: 17/10/2000 - 15/04/2021

Inclusion criteria: female adult patients who have undergone surgery for urethral prolapse.

Variables: Age at surgery, BMI, concomitant disorders and drug treatment, toxic habits, medical and surgical background, gynaeco-obstetric history; health status defined by the American Society of Anaesthesiologists (ASA) Physical Status Classification System, reason for consultation, time between diagnosis and surgery, functional results: SF-36 quality of life questionnaire, urinary incontinence, bulge sensation, bleeding, dyspareunia, urinary urgency and/or frequency.

Statistics: Descriptive and multivariate analysis (logistic regression).

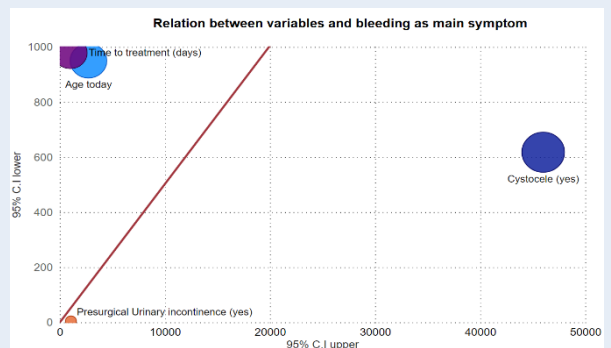
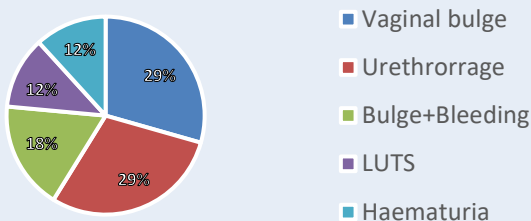
RESULTS

Median age was 71.00 years (range 57-81). Mean BMI was 23.67 kg/m² (SD 2.28, range 20.81-29.38).

Mean time between diagnosis and surgical treatment was 231.58 days (SD 277.11, range 1 – 961).

Urinary incontinence and cystocele were present at diagnosis in 5.88% and 35.29% of patients respectively. Mean number of deliveries was 2.26 (SD 1.10, range 0-4): 58.82% of patients had eutocic deliveries ($p=0.0006$), 17.65% had dystocic deliveries requiring vaginal instrumentation ($p=1.0$) and 17.65% have had a caesarean section ($p=1.0$).

Main complain at first consultation



A multivariate analysis with logistic regression was undergone to analyse if there was an association between the recorded variables and the probability to present with haemorrhage (including “urethrorrhagia”, “bulge sensation + bleeding” and “haematuria”) as the reason for consultation: a positive correlation was found between haemorrhage and the presence of cystocele (5.33, $p=0.012$) and greater age (1.60, $p=0.007$) at diagnosis; on the contrary, a negative correlation was obtained with both the time between diagnosis and treatment (0.989, $p=0.033$) and the presence of urinary incontinence (0.071, $p=0.005$).

CONCLUDING MESSAGE

- ✓ Urethral prolapse with haemorrhage promotes surgical excision.
- ✓ Haemorrhage is associated with:
 - Cystocele (with a 5-fold risk of bleeding)
 - Greater time between diagnosis and surgical treatment
 - Urinary incontinence

Thank
You