“MULTINODULAR POLYPOID LESION IN A NON ANATOMIC PIT OF VEROMONTANUM”

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Medicine is not an exact science and Anatomy is not an exception. The case that we report is an example. A 45 year-old male patient with a two month history of hematuria, clots, hemospermia, glans penis pain and ejaculatory discomfort. Ultrasound showed a mass in the bladder neck protruding in the bladder cavity. A multinodular polypoid lesion was discovered by cistoscopy in a non-anatomical pit in verumontanum. An accessory tail protruded in the bladder cavity like a tumoral mass. Surgical excision was performed.

A polypoid lesion with several connective-vascular tails and several heads, the biggest of 2.2 cm, was sent to the Pathology labora-

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FIGURE 5. Fibrous polyp of the prostatic urethra. Non anatomic pit in veru montanum. Endoscopic image.


FIGURE 7. Fibrous polyp of the prostatic urethra. Lesion bed after resection and coagulation. Endoscopic image.

FIGURE 8. Fibrous polyp of the prostatic urethra. Macroscopic image.
Histology: congestive stroma and glands without atypia. The lining epithelium was transitional and columnar (little areas). We made the diagnosis of fibrous polyp of prostatic urethra. It is necessary to make a PSA study by immunohistochemistry in order to rule out prostatic polyp, the main differential diagnosis.

FIGURE 9. Fibrous polyp of the prostatic urethra. Histologic image. HE 40x

FIGURE 10. Fibrous polyp of the prostatic urethra. Congestion. HE 100x

FIGURE 11. Fibrous polyp of the prostatic urethra. Columnar epithelium lining the lesion. HE 200x
REFERENCES

