Uncommun etiology of pediatric Hematuria: Urethral Lymphangioma

Cause rare d'Hématurie chez l'enfant: Lymphangiome urethral

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RÉSUMÉ

Nous rapportons le cas d'un lymphangiome kystique de l'urètre révélé par une hématurie chez un enfant de cinq ans. A notre conaissance il s'agit du trosième cas rapporté dans la littérature.

Mots-clés

Hématurie, lymphangiome, enfant

SUMMARY

We report a case of urethral cystic lymphangioma. Hematuria is the revealing symptom. Im our knowledge, is the third case described in literature.

Key-words

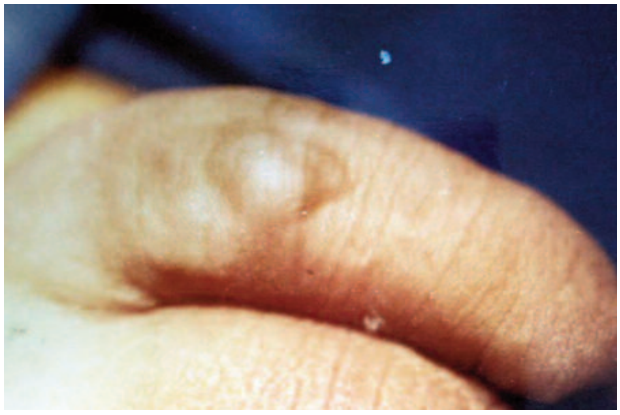
Hematuria, lymphangioma

Benign tumours of the masculine urethra are rare. They are mainly represented by polyps which could be congenital or acquired. The lymphangioma is a benign tumour encountered in the skin, the mucous membranes and the sub-mucous membranes. Urethral localisation of lymphangioma was described in only two cases.

CASE REPORT

A five-years old boy, with no pathological history, consulted for total hematuria occurring few days before. He was admitted for investigation. The child was in good general condition and has no fever. While we examine the genital organs, we noted the presence of a left scrotal nodule and two subcutaneous nodules of the verge. These nodules are renitent and each of them measures about 10-5 mm (fig 1).

Figure 1 : Subcutaneous nodules of the verge



Cytology of urine confirmed the hematuria. Bacteriology was negative. Biology was normal. The renal ultra-sonography and the retrograde urethro-cystography were normal.

Urethro-cystoscopy had been practised and showed:

- A longitudinal, median and superior varicous cord of the anterior urethra with a translucid content concording to a macrsoscopic aspect of Cystic lymphangioma.
- Two oval-cicatricial formations of hemolymphangioma opened on the left side of the anterior urethra causing hematuria.
- A normal aspect of the bladder.

Endoscopic electro coagulation of the urethral cystic formations was performed with stripping of the verge, making naked the two nodules which were multi-cystic with clear content. The two nodules of the verge and the scrotal one were resected. The histological exam showed an urethral mucous membrane with several sub-mucous cavities concurring with the diagnostic of Lymphangioma. These cavities do not contain erythrocytes. Two days later, hematuria disappeared. A cystography and a cystoscopy performed one year later were normal. Currently, the child is asymptomatic.

DISCUSSION

Benign tumours of the masculine urethra are rare [1-2]. Indeed, they are papillary or polypoid [3-4]. Polyps of the urethra in child are congenital. They could be located either in the posterior urethra or the anterior one [6].

The lymphangioma is usually a pediatric tumor developed in cutaneous or subcutaneous stroma [7-8]. The urethral localisation has been described in only two cases. In one case, it was manifested by hematuria, in the other one by a urethral stenosis [1-2]. Endoscopic electro-coagulation was indicated in both cases. The evolution was uneventful.

The lymphangioma is a congenital malformation with unknown origin, it can b induced by lost of connection between the lymphatic nodes and the normal venous system. The histological features of lymphangioma are a vascular proliferation of around a cystic formation without any stoma with more or less mature lymphoid formations. The Cystic cavities edged by a layer of epithelial flat cells seem like the normal lymphatic epithelium. [1-5].

CONCLUSION

As the urethral localisation of the lymphangioma is very rare, it can be revealed by heamturia and urethral stenosis, the treatment is endoscopic and the follow up is uneventful despite a the high frequency of recurrence in lymphangioma.

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