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Clear Cell Carcinoma of the Male Urethra Presenting as Periurethral Abscess With Fistulae

Saleem A. Varachhia, MBBS, Lester Goetz, FRCS, Rajendra Persad, MBBS, and Vijay Naraynsingh, FRCS, FACS

Abstract

Clear cell carcinoma of the male urethra is extremely rare. Its presentation as recurrent urethral fistulae has never been described. We herein present such a case, which had neither hematuria nor obstructive symptoms. Persistent recurrent periurethral abscesses and fistulae should lead one to suspect that there may be an underlying pathology and one should rule out carcinoma of the urethra.

Key Words: adenocarcinoma, clear cell carcinoma, urethra

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Clear cell carcinoma of the urethra is a rare but distinct neoplasm; only 5 have been reported in males.[1] This is the first report of this neoplasm presenting as recurrent periurethral abscesses with fistula formation.

CASE REPORT

A 68-year-old man, presented with an abscess in the perineal region just to the right of the midline and involving the right hemiscrotum.

The abscess was incised and drained; this produced little pus. He was discharged on antibiotics. The incision healed but the lesion recurred 4 months later. It was again incised and drained. It recurred 2 months later. By this time, he had 2 discharging perineal fistulae with hard, raised, everted edges. He had also developed anorexia and weight loss (20 kg in 6 months).

Although he complained of no obstructive symptoms an ascending urethrogram was done. This revealed multiple fistulous tracts involving both the anterior and posterior urethra (Fig. 1). Biopsy of the indurated edge of the discharging fistulous lesion showed clear cell carcinoma (Fig. 2). Computed topography scan of the abdomen showed no abnormality of the liver, kidneys, bladder, or prostate. Chest x-ray was normal. Because his prostatic specific antigen was 15 ng/dL, a 10 core prostate biopsy was done; this showed no evidence of carcinoma.

Within 2 weeks of hospitalization, a 6×8 cm area of the right perineum had broken down producing a large ulcerating lesion through which the defect in the urethra could be seen, bridged by a catheter (Fig. 3). The patient eventually succumbed 2 months after diagnosis.

DISCUSSION

Urethral carcinomas are rare, and information reported in the literature is relatively limited.[2] Clear cell carcinoma of the male urethra is an extreme rarity; only 5 cases were found in the medical literature.[1,3] One presented with obstructive urinary symptoms.[1] Another presented with hematuria.[3] The presentation of urethral clear cell carcinoma as a recurrent groin abscess with later development of multiple fistulous tracts has never been described.

The interval between onset of symptoms and diagnosis may be as long as 3 years, mostly because of the patient's failure to seek medical consultation and also because the physician may, as in our case, misdiagnose the condition.[4] To confirm the diagnosis biopsy is mandatory.

From the San Fernando General Hospital, San Fernando, Trinidad and Tobago.

Reprints: Saleem A. Varachhia, MBBS, San Fernando General Hospital, Independence Ave., San Fernando, Trinidad and Tobago. E-mail: saleem1111@hotmail.com.

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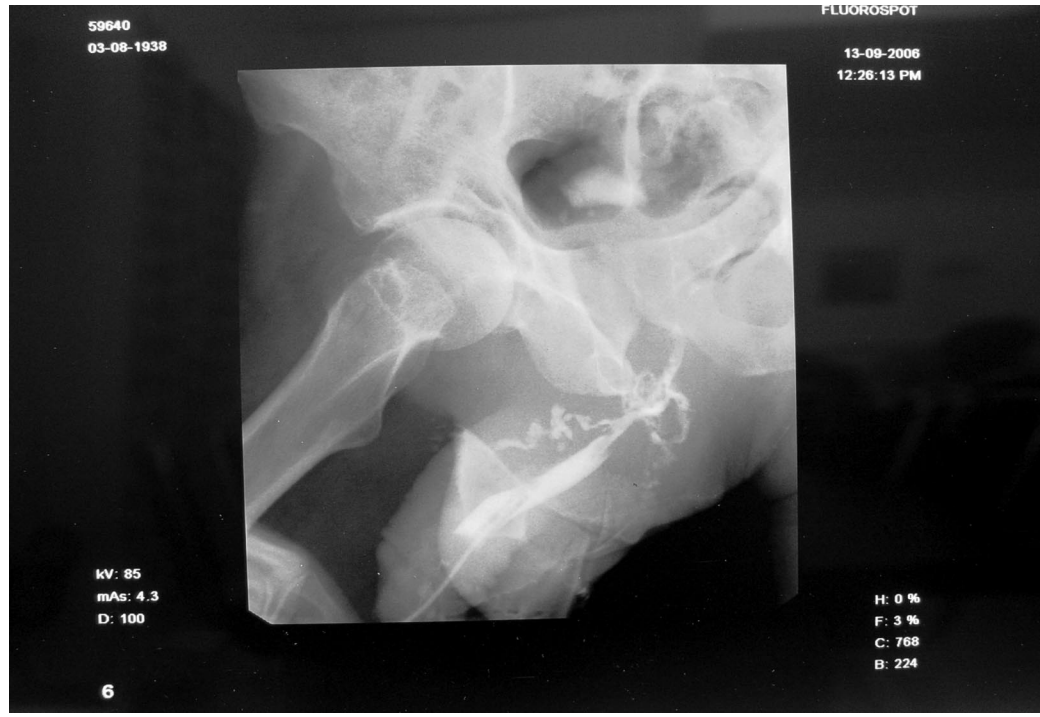

FIGURE 1. An ascending urethrogram showing multiple fistulous tracts.

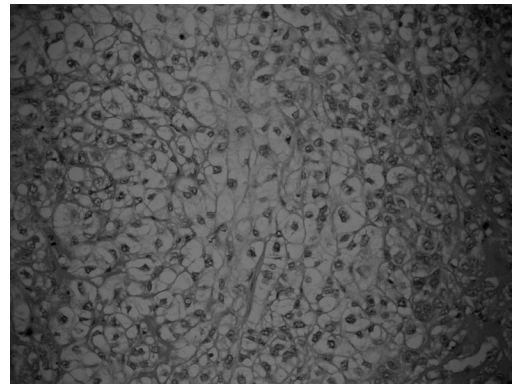

FIGURE 2. High power view showing abundant clear cells with wispy clear cytoplasm.

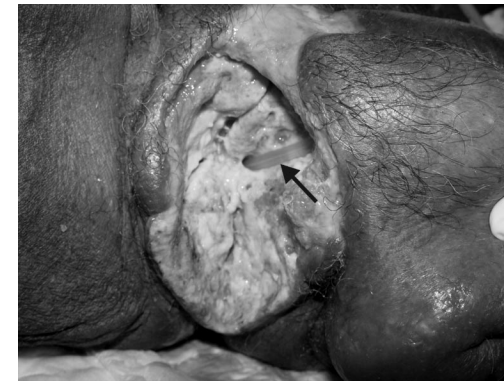

FIGURE 3. Photograph showing the extensive debridement performed lateral to the right hemiscrotum. Observe that the cancer eroded the urethra. Notice the urethral catheter free floating (*arrow*).

Owing to the rarity of the lesion, the optimal treatment of urethral clear cell carcinoma is not known. In no instance has adequate control of the tumor been achieved with either local excision or radiation therapy alone. Therefore, in view of the depth of invasion observed in only 2 cases, the potential delay in diagnosis and the apparent lack of response to radiation therapy alone, it probably is prudent to proceed with radical resection in patients who present with resectable disease.[5]

Whatever therapy is instituted, it appears that early diagnosis and radical surgery are likely to be the most effective steps in successfully treating this condition. If a patient presents with a periurethral abscess or fistula with much induration and little pus, clear cell carcinoma of the urethra should be considered and early biopsy performed. In fact, in the evaluation of any urethral condi-

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tion other than straight forward stricture, carcinoma should be considered.

The present case of this rare disease emphasizes the aggressive nature of urethral clear cell adenocarcinoma in males,[1] and the need for early diagnosis and treatment.

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