CASE
OF
FIBROUS POLYPUS OF THE PROSTATIC
PORTION OF THE URETHRA,
ASSOCIATED WITH PROFUSE HÆMATURIA AND
PROSTATIC ENLARGEMENT.
REMOVAL OF THE GROWTH AND RECOVERY.

BY
THOMAS BRYANT.

Received December 28th, 1892—Read March 14th, 1893.

ON June 23rd, 1891, I was asked to see Mr. W. P—, a gentleman æt. 63, for an attack of profuse hæmaturia, which was by far the most serious of many similar attacks he had experienced during the past six years.

When I saw him he was feeble and blanched from loss of blood, and his bladder was much distended. On passing a metal catheter with the patient anæsthetised, an obstruction was felt about the neck of the bladder; and with the finger in the rectum the prostate gland was found to be enlarged,—indeed, it seemed as if the gland almost filled the pelvis. It was, moreover, tender and

spongy to the touch. The contents of the distended bladder were blood and ammoniacal urine mixed with ropy mucus. No stone was felt, but the enormous prostate prevented a complete and satisfactory examination of the bladder being made.

On going into the history of the case, I learnt that my patient when young had been a healthy and hard-working man until the age of twenty-three, when he had a gonorrhœa, from which time he had never been able to retain his urine for many hours. He married when he was forty-eight years of age (fifteen years before I saw him), a lady much younger than himself, and he admitted that in a sexual way he had been somewhat free. At times he had suffered from great nerve depression. About seven years previously his inability to retain his urine became more marked, and he micturated about every two hours, at times having to wait some minutes before the stream would flow, and to strain to pass it. Six years ago he had his first attack of hæmaturia, the blood passing from his penis independently of micturition, although when the urine was passed it was mixed with blood. His bladder at that time was examined, but no stone or disease was detected in it. His prostate was, however, then reported to have been much enlarged. Whenever a sound was passed, at this time, for diagnostic purposes, urethral bleeding was produced, when the blood passed away from his penis in clots, unmixed with urine, and the bleeding usually lasted for three days, when it stopped.

Attacks of hæmaturia came on about this time every three or four months, and no causes for them could be assigned; indeed, it may be said that, for the last four years, the attacks had gradually become more frequent, and the intervals between them were rarely longer than two months, and at each attack more blood was lost. Cystitis had complicated the case for the last two years. The patient had been treated by many men, and had taken much medicine, but all to no purpose.

The diagnosis of the case being difficult and obscure, I advised that an exploratory perinæal operation should be made, and I did so under the impression that the cause of the hæmaturia was more prostatic than vesical, and to this the patient consented.

On June 30th the following operation, consequently, was performed. With the patient anæsthetised and placed in the position for lateral lithotomy, a grooved straight staff was passed into the bladder and there held. A median incision was next made in the perinæum, and the urethra opened in its membranous portion as far back as the apex of the prostate, when a Wheelhouse's gorget was run into the bladder.

The bladder was then carefully searched with a sound and finger, and found to be rough and rugous, but free from stone or growth. The prostate gland was of enormous dimensions, and particularly laterally, but the vesical lobe was not sufficiently enlarged to cause obstruction.

On carefully feeling with my left index finger along the surface of the prostatic urethra I detected in a hollow of the floor of the prostate near its apex a polypus, the size of a large haricot bean, vide Fig. 1, Specimen No. 4423A, Royal College of Surgeons' Museum, attached by a narrow pedicle to the floor of the prostatic urethra and projecting forwards, the whole thing being about 1 inch long. This I at once caught with a pair of dressing forceps and removed with scissors (specimen and drawing shown). A drainage-tube was then fastened in the bladder and the patient removed to bed. A steady although tedious convalescence followed the operation, but in about three months after the operation the patient returned home practically well,—that is, he was able to retain his urine for many hours at a time, and to micturate without pain; the enlargement of the prostate had almost disappeared, and the gland felt normal. He passed a catheter

FIG. 1.

Polypus.
Natural size.

daily to empty his bladder, for he had not been able to do so by natural efforts for many years. His general health was good. This gentleman is now, a year and a half after the operation, well in all ways. He micturates freely and without obstruction. He has had no urethral hæmorrhage since he left my care, although on several occasions the urine has been blood-stained.

Mr. Targett, the Pathologist to the Royal College of Surgeons, examined the growth and reported as follows :

Report on Mr. Bryant's Specimen of Urethral Polypus.

¶ The tumour submitted for histological examination is pyriform in outline, with a long and delicate pedicle. Its exact size and shape are shown in the accompanying drawing. The surface of the tumour is uniformly smooth and rounded, and on section its substance appears to be homogeneous in structure. Histologically (Fig. 2) the

FIG. 2.

Microscopical drawing of polypus.

growth is made up of interlacing bundles of unstripped muscular tissue, the fibres of which are cut in various direc-

tions. Numerous large vessels are seen in the substance of the growth, and around some of these small cells are collected. There is no capsule, but the peripheral part of the tumour is denser in structure. No trace of an epithelial covering remains; probably this has become detached by maceration. The pedicle is composed of muscular tissue similar to that of the body of the tumour. The attachment of the polypus to the prostatic urethra suggests that it originated as an outgrowth from the prostate, and that its long pedicle was due to its being forced down the urethral passage by the current of urine. It should be added that nothing resembling the glandular tissue of the prostate has been met with in the polypus.

J. H. TARGETT.

February 16th, 1893.

Remarks.—My excuse for bringing this case before the Fellows of this Society is its extreme rarity, and the interesting series of phenomena which were associated with the presence of the urethral prostatic polypus.

It is difficult to believe that the gonorrhœa from which the patient had suffered when quite a young man had anything to do with the origin of the polypus, although the patient asserted with absolute confidence that an irritable condition of bladder which had followed this local affection, had never disappeared.

Seven years before he came under my notice, or one year before the first attack of hæmaturia appeared, this irritability of bladder had increased, and the patient was then unable to retain his urine for more than two hours; at this time it was also noticed that the patient had at times to wait some minutes before the urine would pass, and that he would strain much to pass it. It seems reasonable, therefore, to infer from these facts that at this period the growth probably existed as a source of obstruction.

A year later hæmaturia occurred, and the blood passed from the penis independently of micturition, this fact

clearly suggesting that the blood came from the urethral passage and not from the bladder; and as the bleeding was very profuse, even to threaten life, it must have arisen from the prostate, although it should not be forgotten that the bleeding from the urethra which always took place on the introduction of a catheter may have come from the polypus itself. At this time, however, it was noticed by the surgeons who had been consulted in this case that the prostate gland was enlarged. As years passed the enlargement of the prostate doubtless steadily progressed, and this enlargement, it seems fair to infer, was in a secondary way brought about by the urethral obstruction. For the obstruction excited local irritation, and gave rise to straining in the act of micturition; this in its turn induced engorgement of the prostatic vessels and the spongy enlargement of the prostate gland which existed when the case first came under my notice; and I do not think it can be doubted that this spongy condition of the prostate and the repeated attacks of hæmaturia which steadily increased in frequency and severity during the presence of the urethral obstruction, and which so rapidly disappeared after its removal, were entirely due to the local irritation of the polypus and the straining on micturition which was called forth by the obstruction. What was done, therefore, in the way of treatment was a necessity, and the result obtained fully justified the means.

I should, however, in conclusion like to point out that had a supra-pubic operation been performed here instead of a perinæal, failure must have ensued, for neither the seat of the disease would have been explored nor its true nature been revealed.

(For report of the discussion on this paper, see 'Proceedings of the Royal Medical and Chirurgical Society,' Third Series, vol. v, p. 74.)