



## Rhinosporidiosis of Male Urethra Presented with Polypoidal Lesion Along with Urethral Fistula Complicating the Treatment Option: Case Report

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### Abstract

*Rhinosporidiosis is a chronic granulomatous disease caused by a fungus, Rhinisporidium seeberi, a member of a group of novel aquatic parasites. Though the favoured site is the nasal mucosa, urethral involvement does rarely occur in this disease, only a few cases are reported in the literature and they are mostly from India. Here we report a case of urethral rhinosporidiosis, presenting as a protruding, polypoidal mass from the urethral orifice along with urethral fistula which after failure of medical treatment needs surgical unusual treatment option.*

**Keyword:** Rhinosporidiosis, Polypoidal Urethral Mass, Urethral fistula.

### Introduction

Rhinosporidiosis is a chronic granulomatous disease caused by a fungus, Rhinisporidium seeberi. Though the favoured site is the nasal mucosa, urethral involvement does occur in this disease, only a few cases are reported in the literature and they are mostly from India. The disease is endemic in the coastal parts of India<sup>[1]</sup>. Approximately 90% of all known cases of rhinosporidiosis occur in India and Sri Lanka<sup>[2]</sup>.

The disease mainly affects the younger age group and mostly males.<sup>[3-5]</sup>

Other rare sites often involvement are nasopharynx, maxillary antrum, tracheobronchial tree, larynx, skin, vagina, vulva and rectum<sup>[4-6]</sup>. Most of the patients were either farmers or agricultural labourers.

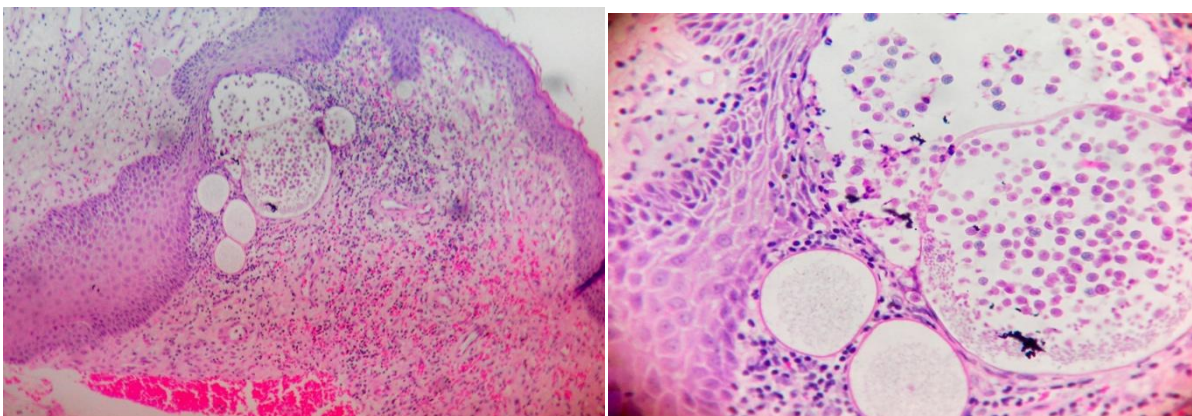
### Case Report

54 year old man from rural back ground, farmer by occupation came with c/o poor urinary flow along with painless, gradually progressive lesion in the tip of penis for last 2 yrs and he had no H/O retention of urine He had also C/O less amount of urine coming out from the main urethral opening and more urine coming out from opening which appears 3 months ago by the side of the penis. Very occasional bleeding from the urethra except for these local symptoms, patient was otherwise asymptomatic. No constitutional symptoms were found Rhinosporidiosis of were found. On examination patient is mild anaemic & on local examination a reddish pink fleshy, polypoidal mass lesion on external urethral opening measuring around 4cm×2cm. Small ulcer present over mass & another lesion present over sub coronal region & small opening covered with bright red granulation tissue present. Swelling is painless, soft mobile side to side & slight bleeding

on gentle palpation from ulcer & urethral fistula found over left lateral side of sub coronal region. Among laboratory investigations , hematological and renal biochemical parameters was normal except Hb% was 9.8 gm/dl. Cystourethroscopy was suggested but scope could not pass. On histopathological examination, a nonspecific chronic infiltration of plasma cells and lymphocytes encircling sporangia in different stages of maturity, enclosed in a double chitinous cellwall, leading to a diagnosis of rhinosporidiosis. Patient was initially put on medical treatment of oral Dapsone for around six months but these was no improvement of symptoms as well as no regression of lesion. Partial amputation of penis done to get a free margin due to extensive lesion & urethral fistula . Post operative period was uneventful & follow up cystoscopy after 3 months was within normal limit.



1a). & 1b). Polypoidal mass Lesion & Urethral Fistula



2a)Sporangia in varying stages of maturation 2b)Sporangia showing thick chitinous wall & Stratified squamous epithelium

### Discussion

Rhinosporidiosis of urethra is very uncommon and practically unknown in western countries<sup>[3]</sup>. Urethral involvement is mostly limited to penile part clinically resembling vascular sessile polyp condyloma or neoplastic lesion when extensive involving glans penis. The mode of transmission is controversial majority opined that it is contaminated through stagnant water<sup>[4-6]</sup>. Some have support on fact that trauma to the mucosa is an essential precondition for contamination<sup>[3]</sup>. Though the disease has a benign course and remains localized, two fatal cases with disseminated rhinosporidiosis have been reported.<sup>[4]</sup> Surgical extirpation, followed by electro coagulation of the base is the preferred method of treatment<sup>[3-5]</sup>. Although penile rhinosporidiosis is a curable disease but recurrence has been documented up to 25% due to inadequate resection or in case of reinfection.<sup>[5]</sup> Sometimes, partial amputation of the penis may be required, due to extensive involvement of the glans & urethral fistula or in case of multiple large lesion not responding to medical treatment as in present case<sup>[7]</sup>

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