CASE REPORT

Urethro-urethral fistula: A rare cause of post-TURP incontinence

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Abstract
Prostatic abscess rarely follows acute prostatitis and can sometimes lead to a fistula by breaking into the prostatic urethra, peri-rectal tissues, the perineum, or the rectum. We report a case of a prostatic abscess tracking into the bulbar urethra after a transurethral resection of the prostate. This created a fistula, mimicking a urethral duplication and leading to urinary incontinence.

Case report
A 56-year-old male patient, and known diabetic for the past 5 years, presented with a 5-day fever and acute urinary retention. He had a history of failed traumatic catheterization, which was attempted elsewhere. He had recurrent episodes of urinary tract infections in the past 2 months and was treated with oral antibiotics. Clinical examination revealed a distended bladder with tender grade 2 prostatomegaly. He was catheterized with difficulty and started on parenteral antibiotics. Ultrasound scan of the abdomen revealed prostatomegaly with the presence of a prostatic abscess of about 2.5 × 2 cm in size in the right lobe and multiple small abscesses in the left lobe of the prostate. Since the patient continued to have intermittent fever and the abscess was not resolving even after 5 days of parenteral antibiotics, he underwent a cystoscopic de-roofing of the abscess with a transurethral resection of the prostate. This created a fistula, mimicking a urethral duplication and leading to urinary incontinence.

Discussion
Prostatic abscess rarely follows acute prostatitis, with a reported incidence of 0.5%. Untreated prostatic abscesses may burst into the prostatic urethra, peri-rectal tissue, the perineum, or the rectum to form a fistula. Treatment of prostatic abscesses includes broad spectrum antibiotics based on urinary antibiogram. In patients unresponsive to conservative management, drainage of the prostatic abscess (transrectal ultrasound guided aspiration, digital guided aspiration, transurethral resection of prostate, transurethral...
Acquired urethral fistula is rare and usually occurs as a result of infection, trauma, or surgery. The various options for urethral fistula repair include primary closure via Thiersch-Dupley urethroplasty, flap urethroplasty, pedicle island tube, or onlay urethroplasty.

In our case, the prostatic abscess may have created a false passage in the bulbar urethra due to the traumatic catheterization; this created a urethro-urethral fistula, mimicking urethral duplication of the Effman’s type 2B classification. The fistula bypassed the external urinary sphincter and caused urinary incontinence. To avoid operative drainage of the abscesses, prostatic abscesses should be diagnosed and treated early; percutaneous drainage should be attempted if possible and drainage should be the last resort. A literature search did not reveal previous reports of a similar case.

**Competing interests:** Authors declare no competing financial or personal interests.

**References**


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**Fig. 1.** A small epithelized track seen in the ventral aspect of bulbar urethra.

**Fig. 2.** Guidewire emerging out of the proximal end of fistula in the prostatic fossa.

**Fig. 3.** A retrograde urethrogram showing a urethra-urethral fistula.