

Urethral Prolapse: Contemporary Report on the Ligation Over a Foley Catheter Treatment Approach

Introduction and Objective: Urethral prolapse is a very rare cause of blood stains in the perineal region of prepubertal girls that is still largely unknown and commonly misdiagnosed. Most contemporary series on the treatment of urethral prolapse report either on the use of the excisional or of the conservative medical treatment approach. This paper reports on the contemporary use of the ligation over a Foley catheter treatment approach in a low resource economy.

Materials and Methods: Five consecutive patients with urethral prolapse treated between 2003 and 2011 – all using the ligation method over a Foley catheter on out-patient basis were studied prospectively. Patients were reviewed at one and three month's interval and subsequently followed-up through phone contacts. The main outcome measures were to evaluate for recurrence, post-operative appearance of the urethral orifice and satisfaction of parents. Secondly the actions of the parents of the patients and those of the receiving physicians were also recorded.

Results: The mean age of the patients was 6 (range of 3 to 8 years). On presentation, all parents suspected that their children had been sexually molested and in two cases, the suspected perpetrators were verbally accosted and threatened with dire consequences to their actions if proven. None of the receiving medical personnel was aware of this condition. The post treatment urethral openings appeared good. There was no recurrence or any other complication and the parents were satisfied with the post-operative appearance of the urethral orifice.

Conclusions: The ligation over a Foley catheter method of treatment remains a simple and cost effective option in the management of urethral prolapse. For any case of urethral prolapse, the situation in the family and community of habitation should be sought out to resolve any ongoing conflict or prevent such. Persistent education of the medial and larger community on urethral prolapse should be encouraged and sustained.