

Fetal megalooüretra ve megasistit ayırıcı tanısı



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Zekai Tahir Burak Kadın Sağlığı Eğitim ve
Araştırma Hastanesi
11.Haziran.2016
Ankara



œ 32 yaş

œ Gravida 2 Parite 1

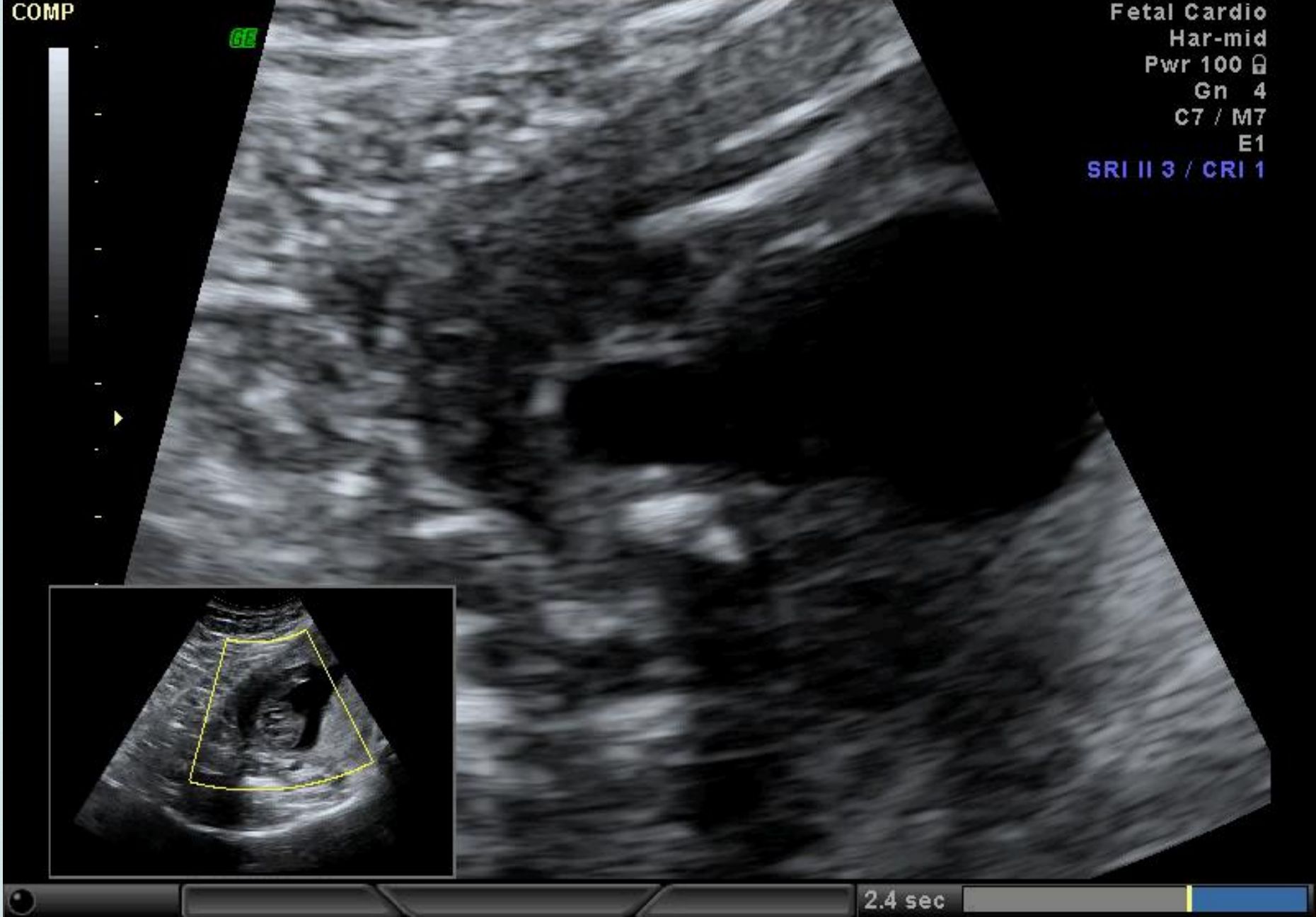
œ Öyküde özellik yok

œ 16. gestasyonel haftada megasistit nedeniyle kliniğimize refere edilmiştir.

USG



- ∞ Megacistit (+) ve prostatik üretra dilate
- ∞ Üreterler dilate - böbrekler pelvikalisiyel dilatasyon
- ∞ Amniyon mai normal
- ∞ Ek olarak; cinsiyet erkek ve penil üretra da dilate
- ∞ (Video 1 - 2)



J95 

Megalouretra
12428-15-10-15-3

RAB 2-5L/OB
1.8/ 9.3cm / 84Hz

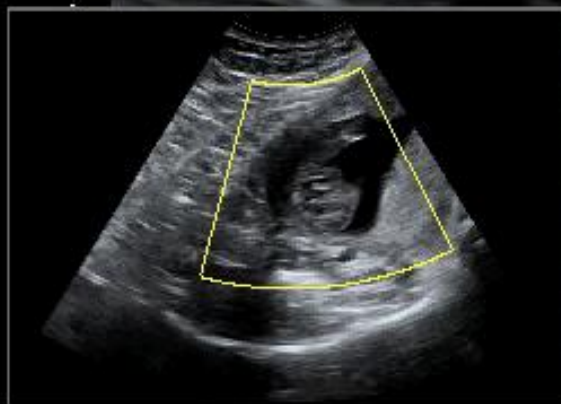
MI 0.9
TIs 0.2

15.10.2015 02:53:02 PM

COMP

GE

Fetal Cardio
Har-mid
Pwr 100 dB
Gn 4
C7 / M7
E1
SRI II 3 / CRI 1



2.4 sec



∞16. gh'da → A/S + QF-PCR → 46, XY

∞Eş zamanlı vezikosentez;

- Na: 90 mmol/L
- Cl: 78mmol/L
- osmolarite: 190 mmol/L
- beta 2 mikroglobulin : 1.9 mg/L



- 17. gh'da → Tekrarlayan megasistit → fetal mesane katateri tatbik edildi.
- Ertesi gün → Katater mesane dışında, ancak mesane küçülmüş.

J95



megalo 2

12428-15-10-27-3 GA=17w5d

RAB 2-5L/OB

MI 1.2

2.6/11.8cm / 29Hz

TIs 0.2

27.10.2015 08:32:20 AM

COMP

66

2+3.Trim.

Har-low

Pwr 100

Gn 2

C6 / M5

P3 / E3

SRI II 3



7.1 sec



Haftalık aralıklarla yapılan kontrollerinde mesane nin giderek normal formunu yakaladı, duvarları belirgin kalın, üreterler dilate böbrekler minimal dilateydi.

24. gh'da membran ruptürü

34. gh'da doğum



J95

COMP

18cm/s

-18cm/s

megalo 5

12428-15-12-22-1 GA=25w5d

AB 2-7/OB

1.2/12.5cm / 8Hz

MI 1.3

TIs 0.6

22.12.2015 09:13:05 AM

2+3.Trim.

Har-low

Pwr 100 %

Gn 0

C7 / M5

P3 / E3

SRI II 3

Pwr 100 %

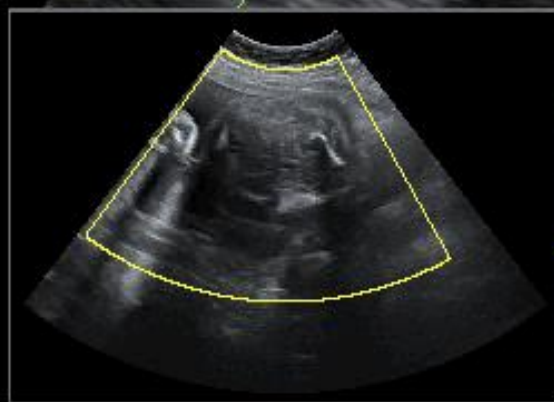
Gn -3.4

Frq mid

Qual norm

WMF low1

PRF 1.3kHz



5.2 sec

J95
COMP

megalouretra 29w
12428-16-01-19-2

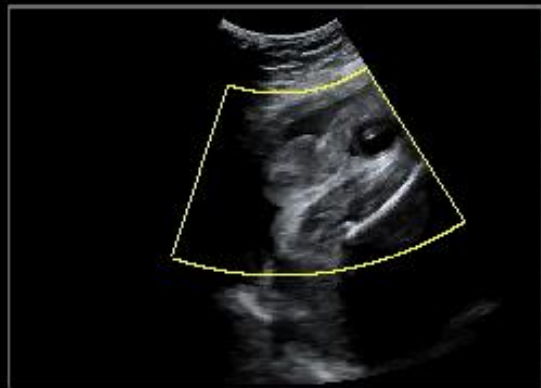
AB 2-7/OB
2.3/ 9.5cm / 59Hz

MI 1.2
TIs 0.3

19.01.2016 11:22:43 AM

Fet.Cardio
Har-mid
Pwr 97 %
Gn -8
C8 / M7
E1
SRI II 3 / CRI 1

66



3.4 sec



- ∞ Doğum sonrası idrar çıkarımı ve böbrek fonksiyon testleri normal.
- ∞ Pediatrik cerrahi takibinde (Henüz işeme sisto urografisi gerekli görülmedi)



Konjenital megalouretra



∞ Tanım: Alt üriner sistemde fonksiyonel obstrüksiyon yaratan, penil uretra dilatasyonu.

∞ Dilatasyon → Non – obstruktif dilatasyon.

∞ Esas sorun korpus spongiosum ve/veya korpus kavernosum destek fonksiyonunun olmamasıdır.

Konjenital megalouretra



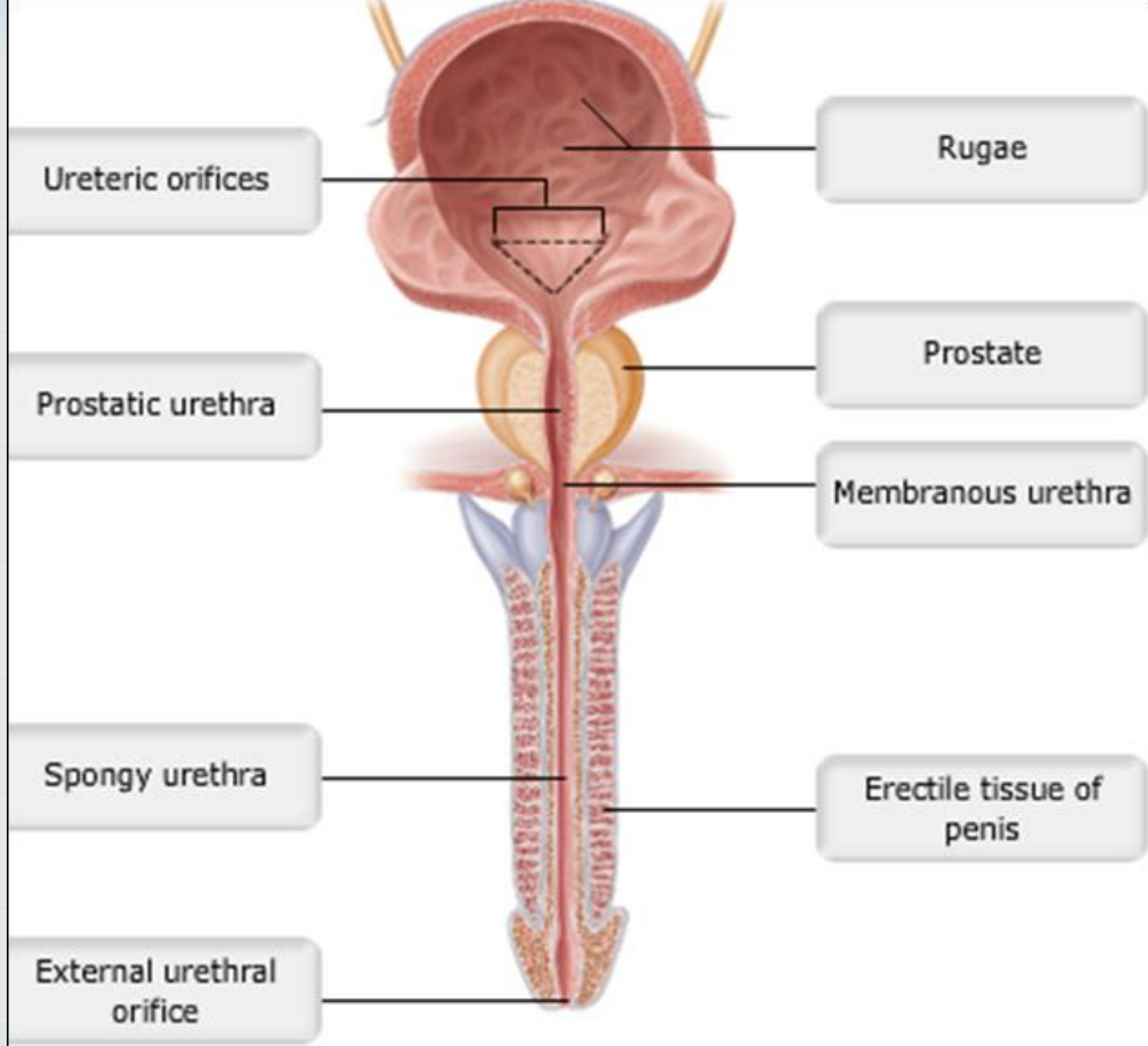
- ∞ Etiyoloji net değil
- ∞ Anatomik darlık olmaması ve sıklıkla Prune-Belly sendromu ile birliktelik göstermesi nedeniyle → Primer mezodermal alan defekti
- ∞ Glandular üretranın geç veya hatalı kanalizasyonu sonucu hatalı gelişen korpus spongiosum veya korpus kavernozum

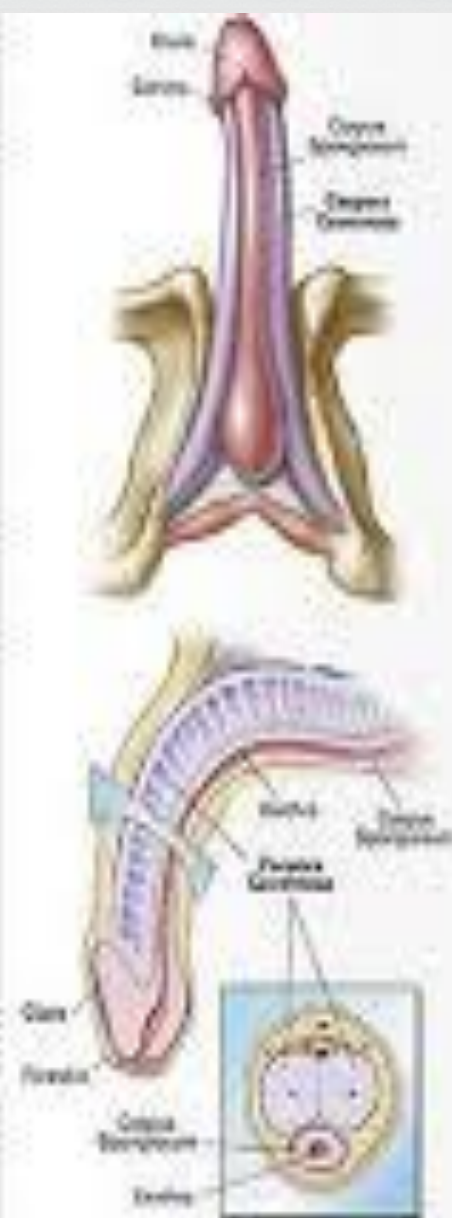
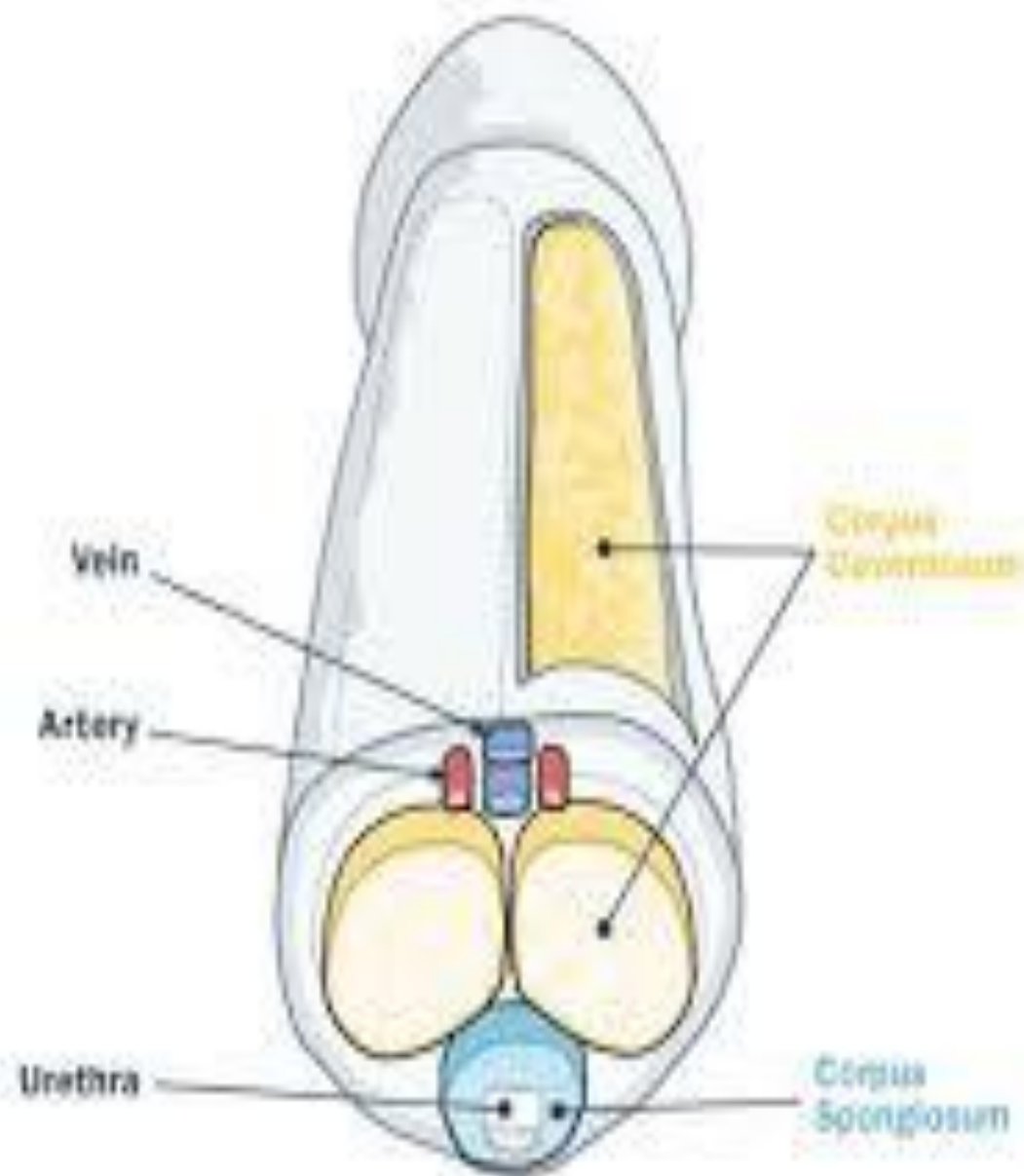
Table 2. Sonographic Findings and Common Characteristics of Prune Belly Syndrome, Posterior Urethral Valve, and Megacystis-Microcolon-Intestinal Hypoperistalsis Syndrome

Prune Belly	Posterior Urethral Valve	Megacystis-Microcolon-Intestinal Hypoperistalsis
Stricture entire length of urethra, no keyhole sign	Keyhole sign	No keyhole sign
Bladder with thin wall	Bladder with thick, rounded wall (donut like)	Bladder with thin wall
Oligohydramnios	Oligohydramnios	Normal amniotic fluid
Union between bladder and urethra dilated (wine glass or funnel shape)	Union between bladder and urethra hypertrophied	Normal union between bladder and urethra
Male (97%)	Male (100%)	Female (80%)
Infrequent	Frequent	Rare
In utero diagnosis	In utero, neonatal, childhood, or adult diagnosis	In utero diagnosis



∞ Teşekkürler ...







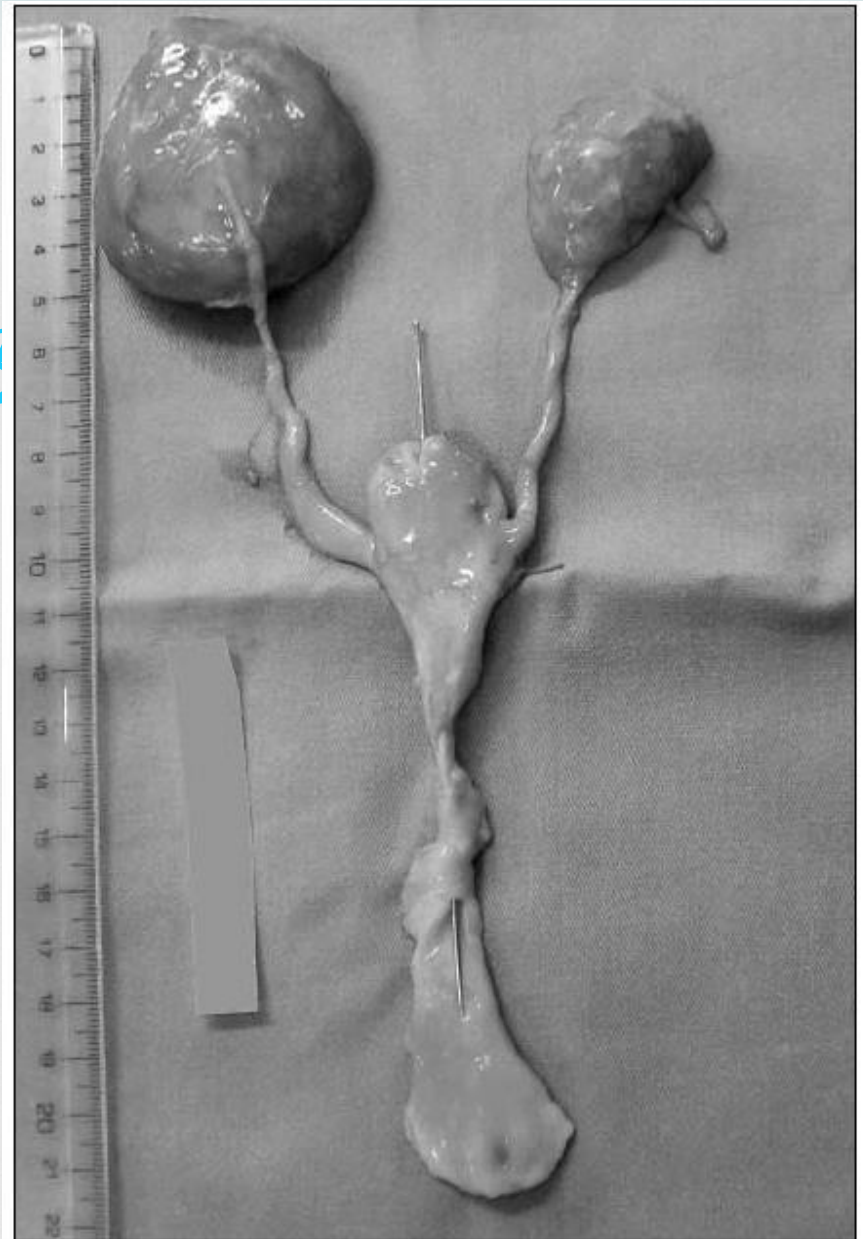
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A

Figure 4. Postnatal (A) and postmortem (B) findings in fusiform megalourethra. Note the patency of the penile urethra.



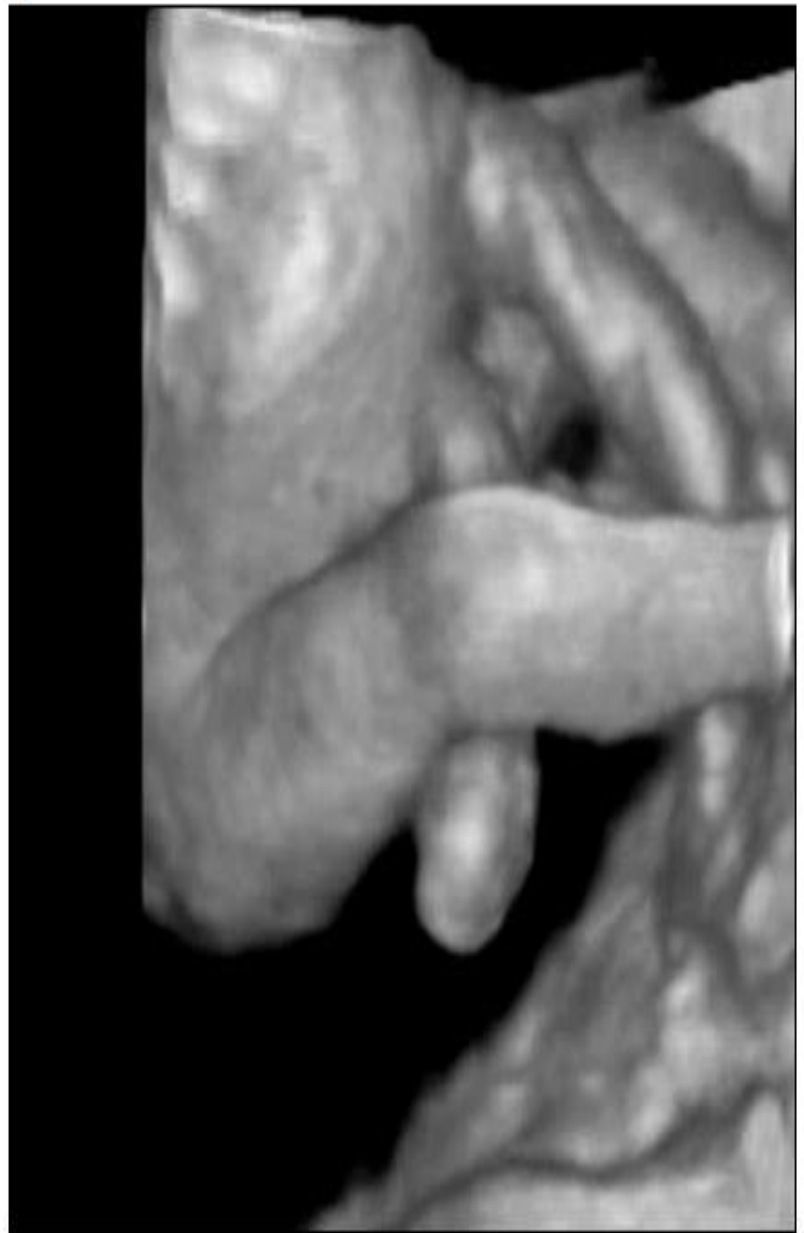
B

Figure 2. Prenatal findings in fusiform megalourethra. Longitudinal (A) and transverse (B) views of the fetal penis show substantial dilatation of the penile urethra. C, Three-dimensional sonogram shows dilatation of the fetal penis.

A



C



Spontaneous In Utero Second-Trimester Resolution of Isolated Mild Fetal Megalourethra

J Ultrasound Med 2007; 26:1625–1628



Figure 1. Three-dimensional midsagittal view of the fetal penis at 21 weeks showing dilatation of the urethra.

Figure 4. Two-dimensional sagittal view at 24 weeks. The penis appears normal.



Abstract

Send to:

Int J Adolesc Med Health. 2015 Apr 29. pii: /j/ijamh.ahead-of-print/ijamh-2014-0065/ijamh-2014-0065.xml. doi: 10.1515/ijamh-2014-0065. [Epub ahead of print]

Congenital megalourethra: a case report of an isolated delayed presentation.

Puri A, Pal DK.

Abstract

Megalourethra is a diffuse dilatation of the anterior urethra due to lack of corpus spongiosum with or without corpora cavernosa; it usually presents as a dilatation of that part of the urethra. The absence of these structures causes a ballooning of the urethra despite there being no mechanical obstruction. A 7-year-old boy presented with the complaints of weak stream, ballooning of the penis before and during voiding urine and post voiding dribbling. After examination and micturating urethrogram, he was diagnosed as having megalourethra, which was then corrected using reduction urethroplasty. These days megalourethra is diagnosed with prenatal ultrasonogram. This was a case of isolated delayed presentation of megalourethra without any associated anomaly.

PMID: 25924228 [PubMed - as supplied by publisher]



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[Int J Urol. 1998]

[Review Case report and review: prenatal diagnosis of congenital n](#) [Fetal Diagn Ther. 2010]

[Review Megalourethra: a report of four cases and review of the literature](#) [Pediatr Surg Int. 1997]

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Prenatal Sonographic Diagnosis of Congenital Megalourethra With In Utero Spontaneous Resolution

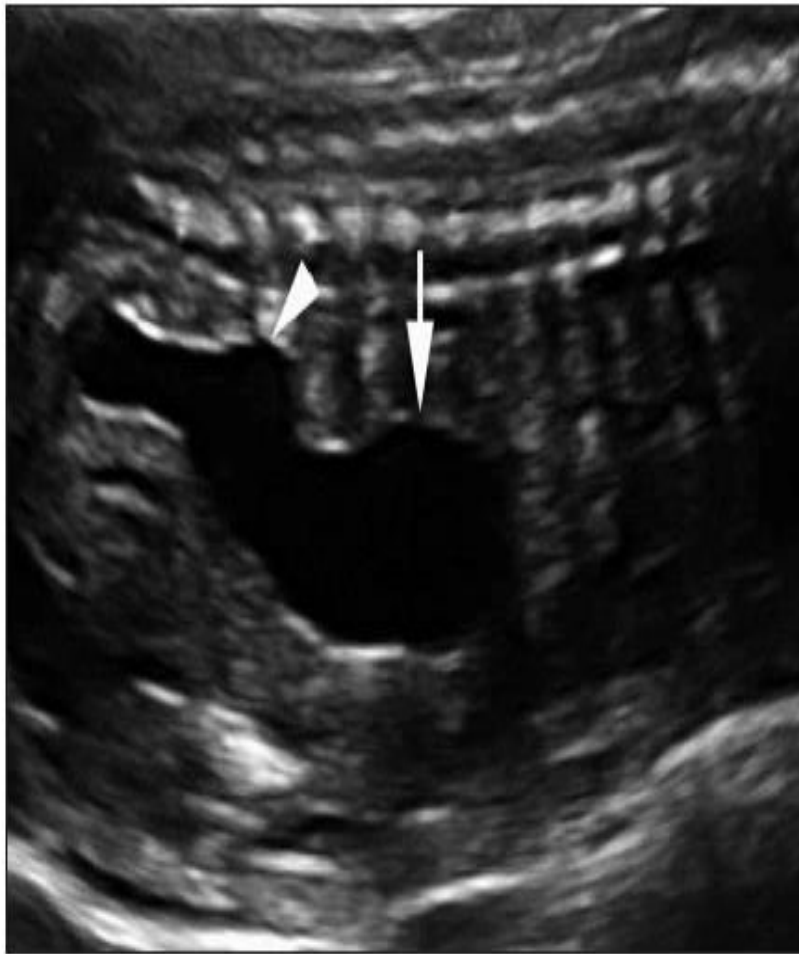
• J Ultrasound Med 2009; 28:1385–1388 •



Figure 1. Transverse image showing male genitalia with cystic dilatation of the distal urethra (arrow).

Figure 2. **A**, Sagittal image of the tubular bladder (arrow) with a dilated prostatic urethra (arrowhead). **B**, Transverse view of the fetal pelvis showing bilateral hydroureters (arrowheads) and a thickened bladder wall (arrow).

A



B



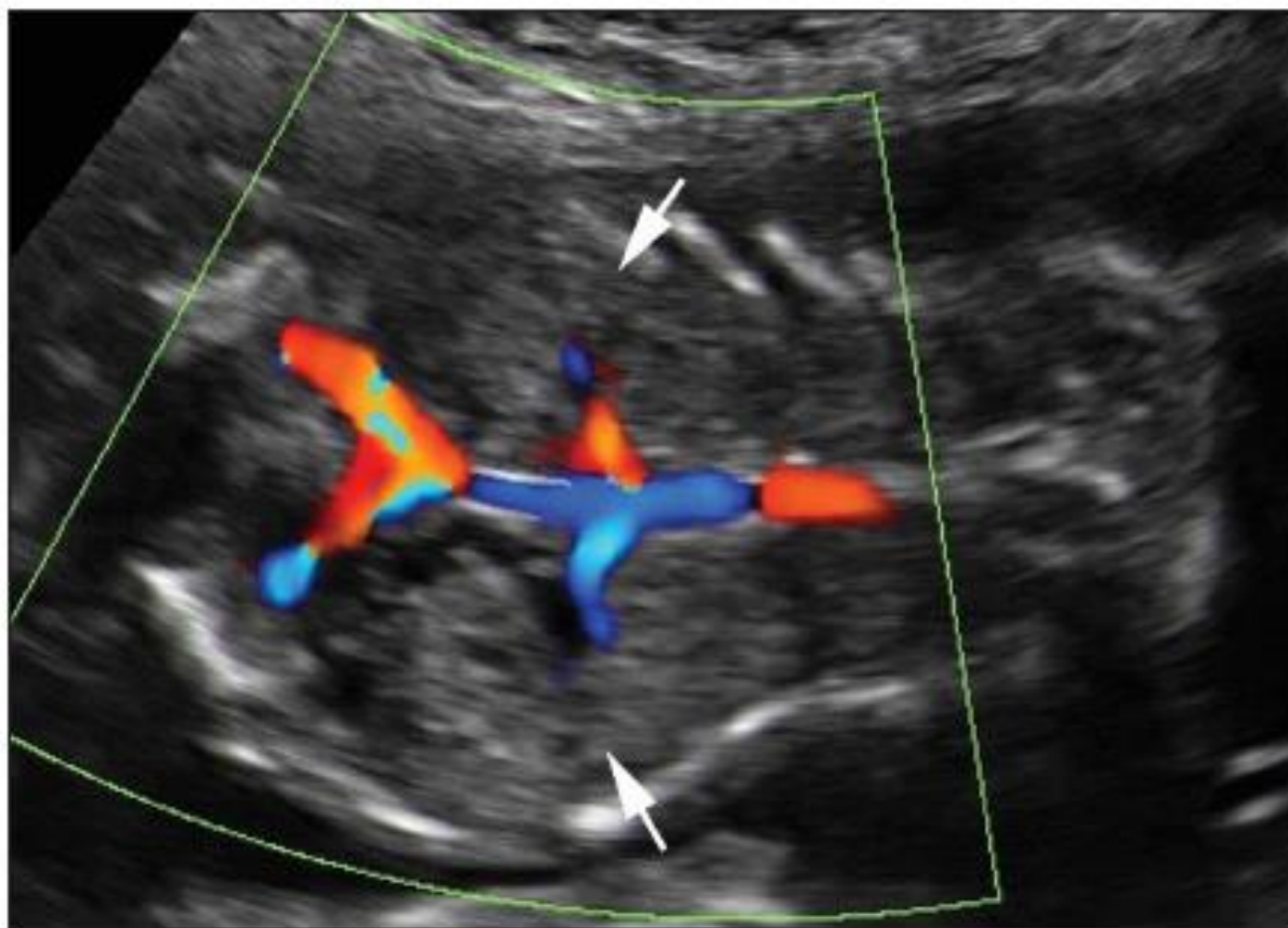
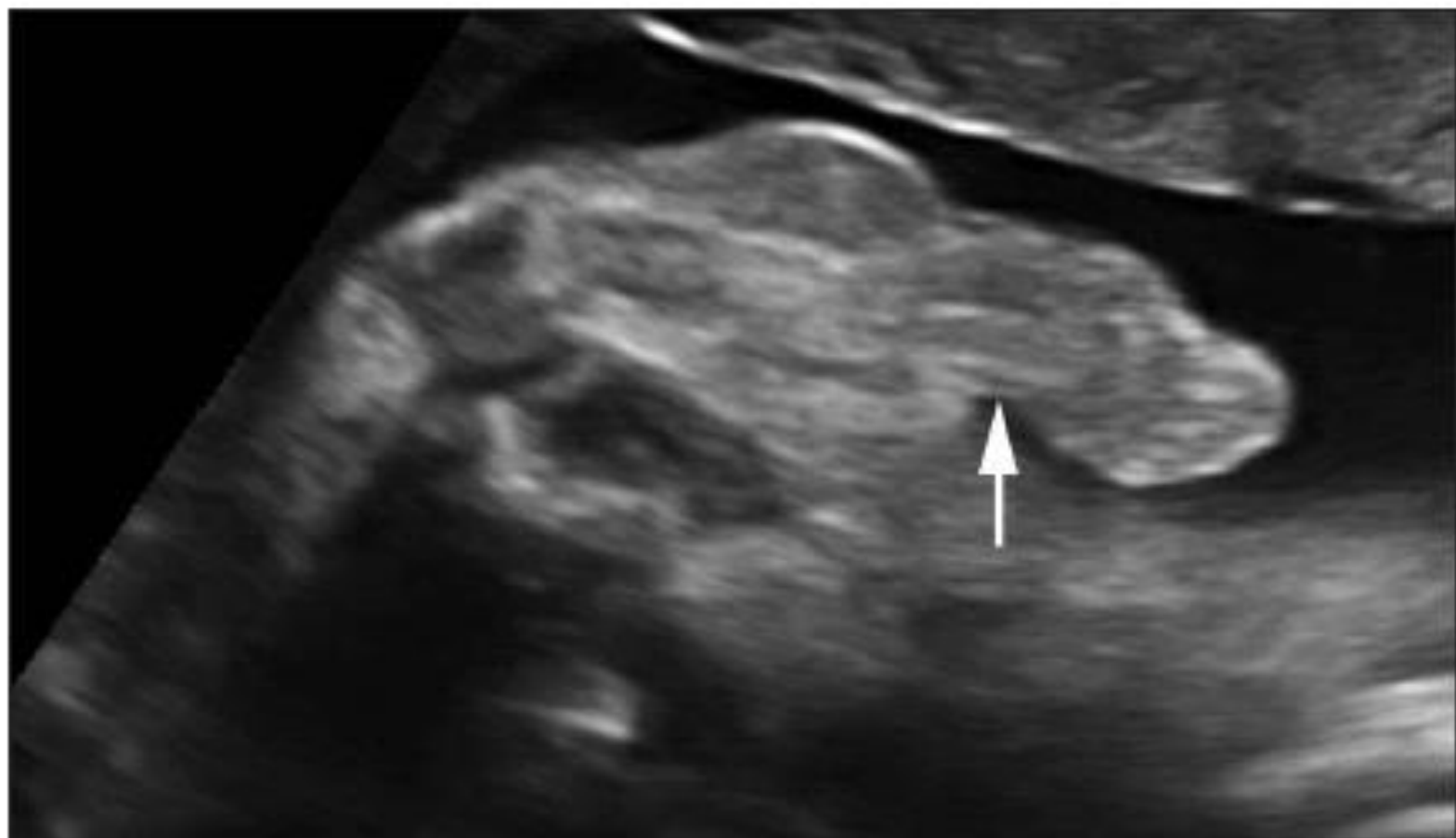


Figure 3. Coronal image showing 2 normal-appearing kidneys (arrows) with color Doppler imaging showing renal blood vessels.

Figure 4. Sagittal view of the fetal genitalia showing a decompressed urethra (arrow) at 29 weeks' gestation.



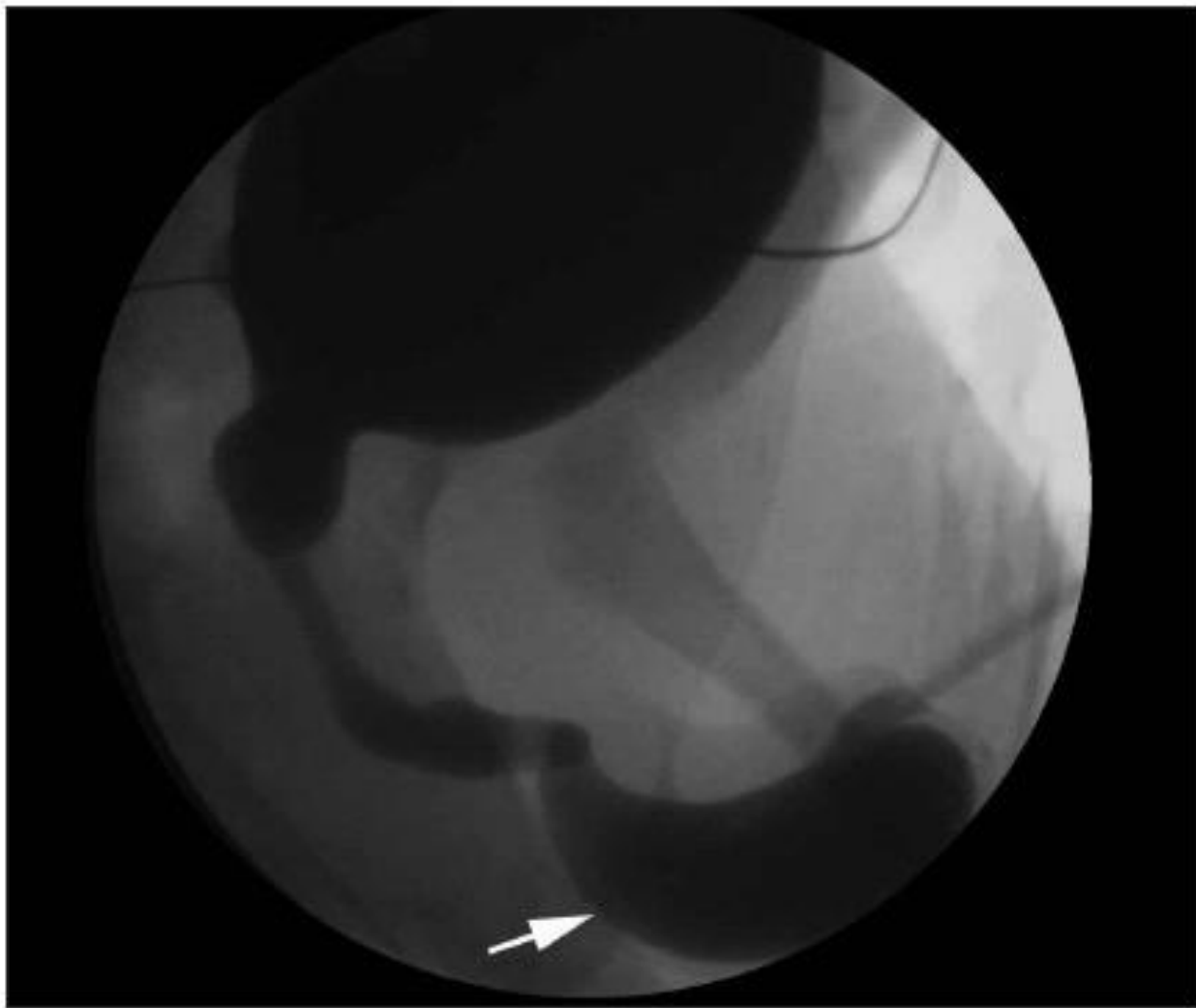


Figure 5. Left posterior oblique low-dose fluoroscopic spot image during the voiding phase of voiding cystourethrography showing a scaphoid, diffusely dilated urethra (arrow) with marked dilatation in the distal anterior portion.

Megalouretra – ayırıcı tanı

- ⌘ Normal kordon veya kordon kistleri → Doppler
- ⌘ Megalouretra'yı taklit eden üretral patolojiler → web, divertikül

Sonuç, olası durum



∞ In utero spontan rezolusyon veya stabil

∞ İlerleyen bulgular, oligo-anhidroamnios

∞ VACTERL, anöploidi

Sonuç

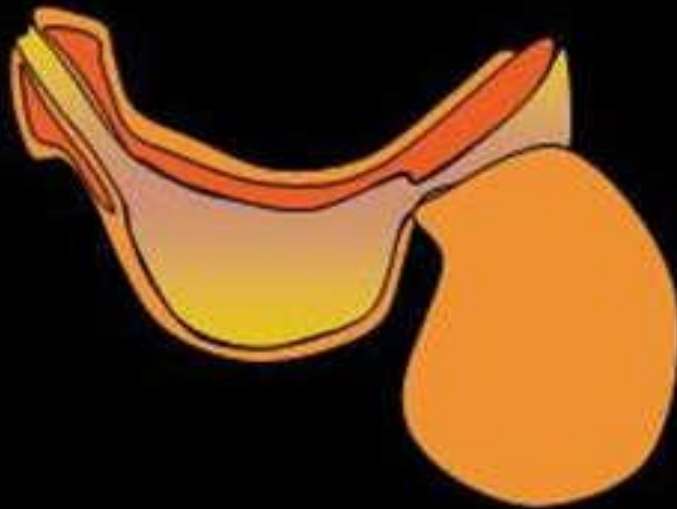


- ∞ Yönetim kişiselleştirilmeli
- ∞ Ek anomali, oligo-anhidramnios kötü prognoz
- ∞ Özellikle skafoïd tip megalouretra, redüksiyon üretroplasti ile mükemmel sonuçlara sahip

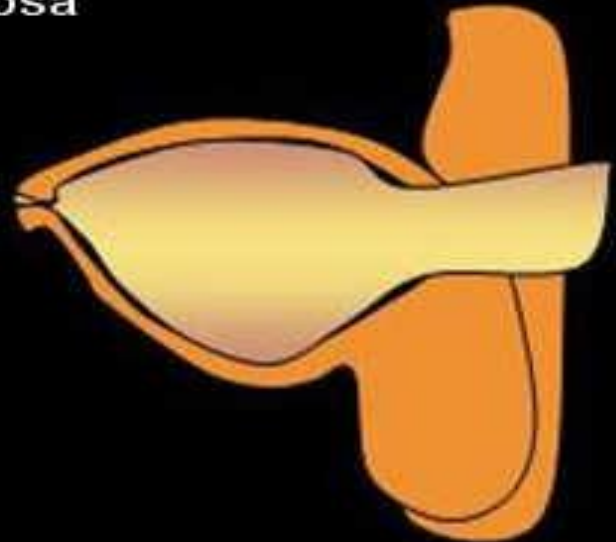
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Scaphoid type



Fusiform type

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