

# **URETHRAL STRICTURE**

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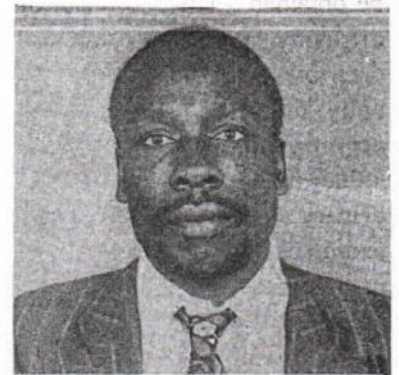
# URETHRAL STRICTURE: *When the Urinary Outlet is too Narrow*

BY DR. J. A. OGENG'O

*All the world a stage,  
And all the men and women merely  
players: They have their exits and  
entrances; And one man in his time  
plays many parts, His acts being  
seven ages. At first the infant,  
Mewling and puking in the nurse's  
arms. And then the whining  
schoolboy, with his satchel and  
shining morning face, creeping like  
Unwilling to go to school. And then  
the lover, sighing like furnace, with  
woeful ballad Made to his mistress'  
eyebrow. Then a soldier, Full of  
strange oaths, and bearded like the  
pard,  
Jealous in honour, sudden and  
quick in quarrel seeking the bubble  
reputation, even in the cannons  
mouth. And the justice*

*In fair round belly with good ca-  
pon lin'd with eyes severe, and  
beard of formal cut, full of wise  
saws and modern instances; And  
so he plays his part. The sixth  
age shifts into the lean and  
slipper'd pantaloon,  
With spectacles on nose and  
punch on side; his youthful hose  
well sav'd world too wide for his  
shrunk shank; and his big manly  
voice,  
And whistles in his sound. Last  
scene of all, That ends this  
strange eventful history, is second  
childishness, and mere oblivion-  
Sans teeth, sans eyes, sans taste,  
sans everything.*

*Jacques:*



*Dr. Ogen'g'o: "Urethral strictures  
are a common urinary tract disorder  
that everyone can do something to  
control and/or to manage"*

When you are unable to pass urine as usual, recall Shakespeare's **Seven Ages of Man** from *As You Like It* (above). Apply this to the cause of acute retention of urine in male:

'The infant, mewling and puking in the nurse's arms'. The cause of this retention is most likely an abnormality the baby was "born with" such as pin-hole urethral opening or little flaps in the urinary pass way (posterior urethral valves). Both conditions are common, can cause urinary obstruction, and subsequent damage to the kidneys.

'The whining schoolboy, with

his satchel' probably has an enlarged bladder neck or a urethral stricture (narrowing) following:

- Injury to the urethra
- Passage of instruments or foreign bodies through the urethra
- Surgical operations for repair of a congenital abnormality of the urethra.

'The lover sighing like furnace' almost certainly has a stricture from infections of the urethra following chronic sexually transmitted disease such as gonorrhoea. Urinary tuberculosis does exist.

'The justice, in fair round belly

with good capon lin'd', most probably has non-cancerous enlargement of the prostate. Urethral strictures could occur following surgical removal of the prostate.

When 'the sixth age shifts into the lean and slipper'd pantaloon,' cancer of the prostate becomes relatively more common. Cancer of the urethra may occur.

During the last age 'that ends this strange eventful history,' cancer of the prostate and/or the urethra becomes even more likely. The latter does cause urethral stricture.

In the female, urethral strictures (and acute urinary retention) are relatively uncommon, probably due to the fact that the urethra is shorter and wider. However, urinary retention may be caused by a posteriorly inclined

uterus; central nervous system disorders or hysteria.

The diagnosis of urethral stricture is usually not difficult. It is based on the presentation and X-ray examination. A previous history of infection or a trauma may be obtained. There is increasing difficulty in passing urine, with deterioration in the stream; and finally, dribbling. These may be accompanied by symptoms of kidney failure; infection of urinary system, acute retention of urine; leakage of urine into the tissues around the urinary passages; opening between the urethra and the exterior or with the rectum (fistula). Blood in urine and fistula particularly occur in cancerous situations.

The suspicion is confirmed by injecting a dye into the urethra or the urinary bladder; then taking X-rays. Some material may be infected into the blood stream and given time to reach the urine. X-rays are then taken while the patient is voiding urine. It is also possible to visualize the urethra by special instruments, introduced therein.

In terms of treatment, repeated dilatation (widening) is adequate for the majority of the cases of urethral stricture, the urethra being dilated upto its normal size progressively. This is done by passage of instruments (called urethral sounds) either through the urethra, or more rarely through a hole in the urinary bladder.

Sounds of increasing size are

passed through the urethra, initially once per month, and later at gradually increased intervals. When the strictures are long and impassable, or there are other complications, surgical operations may be necessary to open the urethra. Even more difficult strictures may be treated by completely removing the narrowed part of the urethra, and reconstructing it, for example, using

***Urethral strictures cause urinary obstruction with the attendant discomfort, but worst of all, this can lead to total kidney damage and complete kidney failure.***

skin, usually from the scrotum. This is a much more complex operation and is done in stages. Insertion of tubes (catheters) to drain the bladder is a temporary relief measure. When the urethral stricture is due to cancer, the penis may have to be amputated, and the patient either put on drug treatment or X-ray treatment.

Urethral strictures cause urinary obstruction with the attendant discomfort, but worst of all, this can lead to total kidney dam-

age and complete kidney failure. The accumulating urine may begin to sip into the tissues; or open and abnormal channel (fistula), both conditions being serious. Abscesses (collections of pus) may develop in areas adjoining the urethra. Infections of the urinary passages become more common and are potentially lethal.

A good number of urethral strictures, caused by infections can be controlled by minimizing sexually transmitted infections. Once you get the infection however, complete effective treatment in a timely fashion is an obvious control measure. Strictures due to surgery or accidental trauma should also be attended to quickly by your doctor. When and if the stricture has already developed, seeking timely intervention is definitely useful. Be willing to accept your doctor's recommendation.

In conclusion, I would like to reiterate that urethral strictures are a common urinary tract disorder that everyone can do something to control and/or to manage. They are treatable, but left unattended, can have lethal complications.

Your cooperation as a patient, both in early presentation and compliance with the doctor's management regime does make the difference. Sometimes between life and death, but always to your expenditure - in terms of time and money.