

RARE, USUALLY MEN 40-70 YEARS OLD.

RISK FACTORS: HPV 16, 18 (SqCC), chronic inflammation/infection, urethral strictures, STD history, RT. Female: urethral diverticula and recurrent UTI
NOT ASSOCIATED WITH SLING MESES

HISTOPATHOLOGY:

Urothelial carcinoma (50- 60%), followed by SqCC (15-20%) and AC (10-15%)
WOMEN 1 AC—2 SqCC—3 UC

MALES

	POSTERIOR		ANTERIOR <small>Better survival rates than posterior!!!</small>		
Localization	Prostatic	Membranous	Bulbous	Pendulous	Fossa navicularis
Epithelium	Transitional	Transitional	Pseudostratified columnar	Transition or pseudostratified columnar to stratified squamous	Stratified squamous
Lymph.drainage	External iliac, internal iliac, obturator		Superficial and deep inguinal nodes then external iliac 20% palpable inguinal LN		
Treatment	TOTAL URETHRECTOMY WITH CYSTOPROSTATECTOMY AND PLND (IN M0) *TUR +BCG in non-invasive or Cis of the prostatic urethra and prostatic ducts (not stroma)		PARTIAL URETHRECTOMY WITH A SAFETY MARGIN (classically 2cm, now 5mm) (IF PALPABLE LN AND M0: ILND)		

Locally advanced: cisplatin-based QT prior to surgery might improve survival

Locally advanced SqCC: treatment with QT-RT might be an alternative to surgery

FEMALES

	PROXIMAL	DISTAL
Location	Proximal 2/3	Distal 1/3
Epithelium	Proximal 1/3: Transitional Mid 1/3: stratified squamous	Stratified squamous
Lymph.drainage	External iliac, internal iliac, obturator 20% at presentation	Superficial and deep inguinal nodes then external iliac 25% at presentation
Treatment	ANTERIOR PELVIC EXENTERATION WITH PLND (IN M0) CONSIDER CHEMO/RT	DISTAL URETHRECTOMY (IF PALPABLE LN AND M0: ILND) *Alternative: urethra-sparing surgery or RT

T URETHRA / UROTHELIAL CA OF THE PROSTATE	
Tis	Carcinoma in situ / Tis pu (prostatic urethra) Tis pd (prostatic ducts)
Ta	Non-invasive papillary, polypoid, or verrucous carcinoma
T1	Subepithelial connective tissue / = (tumours involving prostatic urethra only)
T2	Any: corpus spongiosum, prostate, periurethral muscle / corpus sponsiosum, prostatic stroma, periurethral muscle
T3	Any: corpus cavernosum, beyond prostatic capsule, anterior vagina, bladder neck (extraprostatic extension) / =
T4	Other (bladder, rectum) / =
N	
N0	No regional LN metastasis
N1	Metastasis single LN
N2	Metastasis multiple LN
M	
M1	Metastasis

SYMPTOMS: Bleeding, palpable mass, voiding symptoms, dysuria

WHEN SYMPTOMS: ADVANCED DISEASE

DIAGNOSIS:

- Cystoscopy
- Biopsy
- MRI (local extent and LN assessment)
- CT thorax-abdomen (metastasis)
- URINARY CITOLOGY LIMITED ROLE

LOCATION:

- 1 BULBOMEMBRANOUS
- 2 PENDULOUS
- 3 PROSTATIC