Megalourethra: a case report with poor neonatal outcome
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Introduction
Megalourethra is a rare cause of low urinary tract obstruction (LUTO), with a typical presentation of megacystis and an additional image of dilated penile urethra. It results from absence or hypoplasia of the corpus spongiosum or corpus cavernosum, or it is caused by anterior urethral valves. It can be associated with anal, limb or cardiac anomalies. Spontaneous resolution is less than LUTO due to other causes, same as survival rate and normal renal function at long-term. The overall prognosis depends on the associated anomalies and renal impairment. As other types of LUTO, mortality is due to pulmonary hypoplasia associated with oligohydramnios, and morbidity to chronic progressive renal failure and end-stage renal disease (ESRD).

Case report
A 22-years-old woman (gravida 1 para 0) was referred to our unit at 17 ws, for suspicion of megacystis and malformation of the left foot. First trimester scan and screening were normal. The diagnosis of megalourethra was made on the base of megacystis, with a key hole sign and thickened bladder walls, bilateral hydronephrosis with normal echogenicity of both kidneys, ureteral unilateral dilatation and dilated penile urethra of 28 x 6 mm. Clubfoot was also noted, without other anomalies.

Subsequent investigations revealed a normal male karyotype and elevated B2-microalbuminury and glucosury. Couple was maximalist, so a vesicoamniotic shunt was realized twice. At 38+6 ws, the labour was stimulated and a male neonate was delivered vaginally with a birth weight of 3630 gr (P70 for 39 ws). Cordon C-cystatine was high. Neonatal outcome was poor with ESRD and need of renal transplant at age of two and half.

Conclusion
Counselling the parents in presence of a megalourethra is difficult; overall prognosis is poorer than other type of LUTO. Prediction of the renal outcome during the pregnancy is still a challenge.