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 1 68 가 ,
 가 , T1- T1-
 , T2-
 가
 가 가 ,
 가 가 ,
 (1). (Fig. 1A), 가 (Fig. 1B).
 T1- 가 (Fig. 1C), T2- (Fig. 1D).
 T1- (Fig. 1E).
 68 가 1 가 ,
 , 3-4 가 (Fig. 1F, G),
 1 cm 가 20-30/HPF

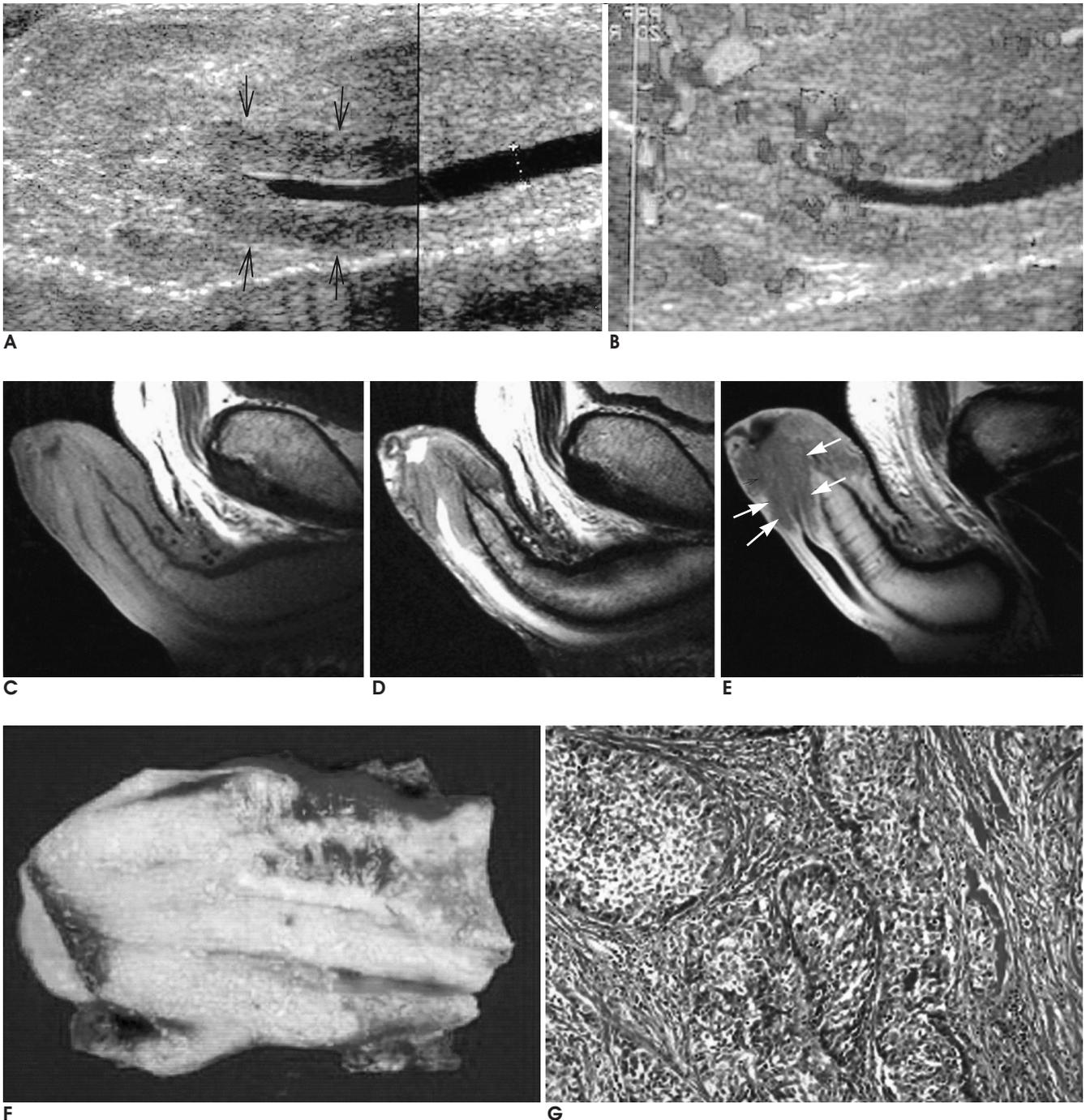


Fig. 1. A 68-year-old male patient with bloody discharge of the prepuce for 1 month.

A. Ultrasonogram shows slightly hypoechoic mass in corpus spongiosum (arrows) and heterogeneously echoic glans penis. This mass encircles the glandular urethra. Anterior urethra is obstructed by mass and the proximal portion of urethra is dilated.

B. Increased vascular flow signals are noted at the corpus spongiosum of the same plane with fig. A on Color Doppler study.

C and D. T1-weighted (**C**) and T2-weighted (**D**) sagittal MR images of the glans penis show anterior urethral mass obstructing the fossa navicularis. Proximal urethra is dilated. The mass is isointense to the corpus cavernosum on T1-weighted (**C**) and slightly hypointense to the corpus cavernosum on T2-weighted image (**D**). The mass encircles the glandular urethra and not well-delineated on T1-weighted image and T2-weighted image.

E. Postcontrast T1 weighted dynamic image of the same sagittal plane shows an irregularly shaped region of low signal intensity at the penis glans. About 3 cm sized poorly enhanced region is thought to be pathologic area (arrows).

F. There is a firm pale to yellowish tumor lesion, 3.0 × 2.0 cm in dimension, in navicular fossa and glands penis.

G. The tumor shows variable sized nests of anaplastic transitional cells (H&E, × 100).

(bulbomembranous urethra)
30% , 10%
80% , 15%가
5%
(1-3).
(condylomata acuminata)가 가
가 (3).

T1 -
T2 -

T1 -

T1 -
T2 -

(8).

, Steele (9)

T1 -

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T2 -

, T1 -

(1, 2).

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(4). Dinney

23

T1 -

(1)

4

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CT

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(5),

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(6).

T1 -

T2 -

(5).

T2 -

, T1 -

(6).

Kawada (7)

2

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Ultrasonographic and Magnetic Resonance Imaging Findings of Transitional Cell Carcinoma Arising at Penile Fossa Navicularis: Case Report¹

Seung Woo Lee, M.D., Jae Ho Cho, M.D., Han Won Jang, M.D.,
Dong sug Kim, M.D.², Gi Hak Moon, M.D.³

¹Department of Radiology, Yeungnam University College of Medicine

²Department of Pathology, Yeungnam University College of Medicine

³Department of Urology, Yeungnam University College of Medicine

Primary carcinoma of the male urethra are rare. Among the malignant tumors of the male urethra, squamous cell carcinoma is the most common. Transitional cell carcinoma is very rare, particularly in the distal urethra. We experienced a case of distal urethral transitional cell carcinoma, arising at the fossa navicularis of the penis, which we report here with a review of the literature. A 68-year-old male patient presented with bloody discharge from the prepuce for 1 month. Ultrasonography showed a poorly marginating, heterogeneous mass, invading the glans penis and the corpus spongiosum. The mass encircled the glandular urethra of the penis glans, and obstructed the glandular urethra and the fossa navicularis. A Doppler ultrasonogram revealed hypervascularity in this mass. The mass was isointense to the corpus carvernosum on the T1-weighted images and slightly hypointense to the corpus carvernosum on the T2-weighted images. Contrast-enhanced MR imaging showed a poorly enhancing mass in the glans penis. This mass was confirmed as a transitional cell carcinoma by histologic study and a partial penectomy was performed.

Index words : Urethra, neoplasms
Urethra, MR
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Address reprint requests to : Jae Ho Cho, M.D., Department of Radiology, Yeungnam University Medical Center,
317-1, Daemyung-dong, Nam-gu, Daegu 705-717, Korea.
Tel. 82-53-620-3043 Fax. 82-53-653-5484 E-mail: jhcho@medical.yeungnam.ac.kr