

Case Report

UROLOGICAL PROBLEM AFTER GYNECOLOGICAL SURGERY

Muhammad Khalid¹, Imran Karim Jaskani², Arif M Sarfraz³

1Assistant Professor, Department of Urology, Ghazi Medical College, Dera Ghazi Khan.

2Senior Medical Officer, Department of Urology, Ghazi Medical College, Dera Ghazi Khan.

3House Officer, Department of Urology, Ghazi Medical College, Dera Ghazi Khan.

ABSTRACT

We report an unusual case of hanging bladder stone which formed on a non absorbable suture in a woman with previous abdominal hysterectomy. She was investigated thoroughly for recurrent UTI and found to have urinary bladder stone. After endoscopic unsuccessful attempt for stone crushing vesicolithotomy was done and a stone was recovered with a piece of suture. Based on literature most of foreign bodies in the bladder are subject to stone formation on the bladder wall, but in this case stone was hanging with the dome of bladder while rest of bladder wall was healthy. We suggest that bladder stone should be excluded in the woman with recurrent lower urinary tract infection. Therefore thorough history and complete investigations in addition to urine analysis, X-RAY and USG must be done in every case.

Keywords: Urinary bladder stone, urinary tract infection, abdominal hysterectomy, non absorbable sutures.

INTRODUCTION

Urinary bladder stones are common in males however they are also present in female patients. In females urinary bladder stones are usually formed as a consequence of outlet obstruction or neurogenic bladder causing stasis and rarely from foreign body intrusion. The patients undergoing obstetric and gynecological surgery with implantation of foreign bodies in the urinary bladder have raised chance of stones formation. Most of foreign bodies include birth control devices, vaginal slings and a few cases have non absorbable suture.

We report a case of bladder calculus following abdominal hysterectomy.

CASE REPORT

A 46 years old female presented to urology out patient department with repeated attacks

Corresponding Author:

Muhammad Khalid,

*Assistant Professor, Deptt. of Urology,
Ghazi Medical Collee, Dera Ghazi Khan.*

Email: lovingbird22@gmail.com

of urinary tract infection. To know the cause of recurrence of infection she was investigated thoroughly.

Tracing back her history it was found that she had underwent abdominal hysterectomy for Dysfunctional Uterine Bleeding (DUB) three years ago. She had repeated attacks of urinary tract infection for about 2.5 years. She visited our outdoor with the complaint of painful micturation, off and on haemeturia and suprapubic pain for 2 years. The urine test revealed pyuria. USG examination showed a bladder stone of almost 3cm. X-Ray KUB finding was not significant as there was no radio opaque shadow (Fig. 1 & 2).

The cystoscopic examination confirmed the USG finding and also showed the edema of urinary bladder mucosa and a stone hanging like a pendulum on Fulcrum at the dome of urinary bladder, not freely mobile. Initially stone crushing was attempted but could not be continued due to disturbance of field of vision on account of bleeding in urinary bladder.

The open vesicolithotomy was done; stone was fixed to urinary bladder wall. After removal it was noted that there was ring shaped knotted silk suture on which stone was formed (Figure 3). Her post operative period was eventless. She remained symptom free during follow up for six months.

Chemical analysis of stone suggested triple phosphate stone.



Figure 1

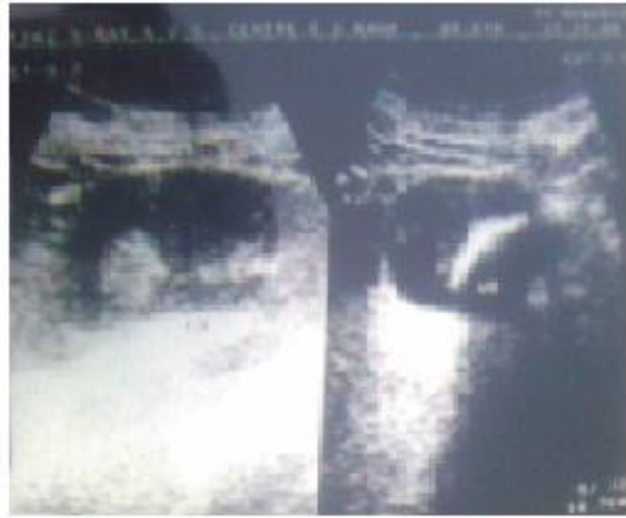


Figure 2



DISCUSSION

Vesical calculus is one of the oldest problems in surgery.¹

Bladder stone occur more frequently in males across the nations, races and age groups. The frequency of occurrence increases yearly after the age of 50 years.²

A large number of cases of foreign body stones have been reported in the literature and they have now become part of urological diseases. Objects that have been reported in addition to inadvertent sutures include electrical wires, chicken bones, wooden sticks, thermometer intrauterine contraceptive devices, ribbon gauzes, pieces of Foley catheter,

broken pieces of endoscopic instruments, knitting needles.³

Endoscopy is an effective and save method for removing bladder stone. However a bladder stone resulting from a foreign body that has become fixed on the bladder wall may require laparotomy for its removal.⁴

Occasionally foreign bodies may be inserted per urethra either by female patient herself or by others for torture purpose. Most of the bladder stones contain uric acid.⁵

The common foreign bodies in the bladder include missing IUCD or object left inadvertently after surgical procedure such as gauzes, staples, sutures or drains.^{6,7}

CONCLUSION

In a female patient with chronic or recurrent urinary tract infections who had been operated previously for pelvic surgery, foreign body should be suspected in urinary bladder.

In addition to urine test, USG must be done to exclude the possibility of bladder stone in such a patient.

REFERENCES

1. Yalcin V, Demiskesen O, Ach B, Onal B and Salvi V. *Urology International*; 1998: 240-242.
2. Rafique M. Vesical calculus formation on permanent sutures. *J Coll Physicians Surg Pak*. 2005; 15(6): 373-4.
3. Mannan A, Anwar S, Qayyum A, Tasneem RA and Sing. *Med Journal* 2011; 52(1):24.

4. Sheng-Tsun, He-Fu huang and Shu-Fen chang. *JTUA* 2009; 20:143-5.
5. Bello A, Kalayai GD et al. *Journal of surgical technique and case report*. 2009; 1(1).
6. Bashir J, Gilling-Smith G and Desmond AD. Vesical calculus caused by vascular prosthetic graft. *J Urol*. 2001; 166(3): 981.
7. Dede FS, Dilbaz B, Sahin D, Dilbaz S. Vesical calculus formation around a migrated copper-T. *Eur J Contracept Reprod Health Care*. 2006 Mar;11(1):50-2.

Submitted for publication: 31-07-2012

Accepted for publication: 22-10-2012