

CASE REPORT

PROF-967

URINARY BLADDER GOSSIPYBOMA

(RETAINED POST OPERATIVE FOREIGN BODY IN URINARY BLADDER)

**DR. MUHAMMAD IJAZ, FCPS**Surgical Specialist
AK CMH Muzaffarabad**DR. REHAN-E-KIBRIA**Surgical Specialist
AK CMH Muzaffarabad**DR. BASHIR UR REHMAN**Surgical Specialist
AK CMH Muzaffarabad

ABSTRACT... A 57 years old gentleman was brought with history of recurrent UTI (Urinary tract infection) of 01 year duration. Following transvesical prostatectomy, UTI could not be controlled after using appropriate antibiotics. All relevant investigations were performed. His cystoscopic examination revealed retained gauze piece (12 inches) in urinary bladder, which was retrieved.

Key Words: Foreign body, urinary bladder, recurrent, urinary tract infection.

INTRODUCTION

Retained foreign body postoperatively, although uncommon, is not unusual with considerable mortality and morbidity, Researchers have been reporting retrieval of a variety of foreign bodies from respiratory and digestive tracts, but retained foreign body in the Urinary bladder remains highly uncommon. In this report we describe our experience with one such case.

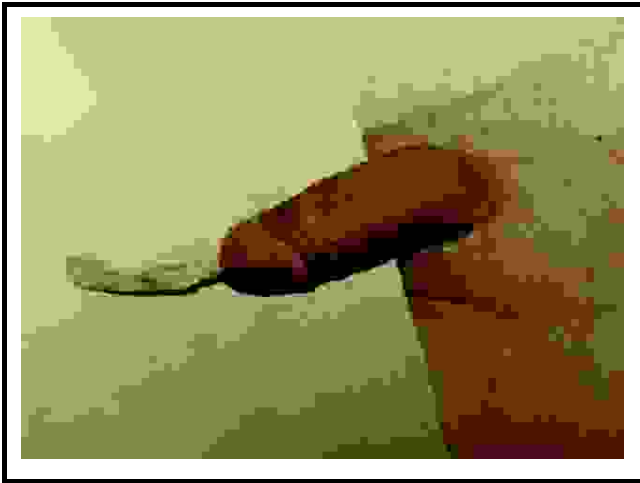
CASE REPORT

A 57 years old patient presented with history of recurrent urinary tract infection (Pain, Frequency and occasional hematuria) of one year duration. He also complained of a non healing suprapubic wound (operational site for transvesical prostatectomy) with mild discharge of same duration. He was administered oral course of antibiotics for one week, but the condition remained unchanged.

On examination the patient was lying comfortably in bed. His vital signs were stable, and general examination revealed no abnormality. Per abdominal examination also remained inconclusive except for the scar mark and small non healing wound at the operative site with mild discharge of one year duration. History of transvesical prostatectomy alongwith signs and symptoms of similar duration supplemented with physical finding aroused suspicion.

The patient was hospitalized and cystoscopic examination was carried out under spinal anaesthesia with showed a large gauze piece impacted in bladder. It was partially retrieved cystoscopically, while the remaining was extracted by daily manual tug on the retrieved end over a period of three days. Subsequent irrigation was carried out and urine clearance was achieved in 48 hrs. Cystoscopic evaluation showed no

abnormality and suprapubic wound healing was achieved after 4 weeks.



DISCUSSION

Retained foreign body in urinary bladder is highly uncommon. Cases of retained foreign bodies post operatively though uncommon are not an unusual finding in cases of alimentary tract/ respiratory tract surgery, but there are very few incidents of similar cases in urinary tract surgery.

Review of foreign literature also showed little evidence of similar incident because of greater use of endoscopic maneuvers, where there is minimal chance of retained foreign bodies. In this incidence the constant irritation of bladder mucosa resulted in recurring episodes of urinary bladder infection.

Similarly adherence of the bladder was containing impacted gauze piece with anterior abdominal wall resulted in non healing of operative wound. As the gauze piece was not causing any obstruction, so the patient almost remained asymptomatic and the suspicion of

retained foreign body never arose.

As the operation (Transvesical Prostatectomy) was carried out in civil hospital Karachi, so perusal of documentation/operative procedure was not possible. None of the investigation including (Blood Complete Picture, Urine R/E, Plain X-Ray abdomen, Ultrasound examination) revealed the true pathology.

It was only after a prolonged history of signs/symptoms that cystoscopic evaluation was done with provisional diagnosis of stricture urethra, that the retained foreign bodies was revealed and retrieved. It is thus advisable to keep remotest possibilities in mind, when management of unexplained chronic pathology is concerned.

REFERENCES

1. Banerjee A , Rao S, Khanna SK, Narayanan PS, Gupta BK, Sekar JC, et al **Retained foreign bodies in adults.** Ann. Urol (Calcutta) 2001; 35: 277-9
2. Choe JM. **Urinary Tract Fistulas Ann Urol (Paris) 2003;** 37: 194-8.
3. Dellon AL, Richmond JD, Davie RM. **Urinary Tract infection Am. J. Surg 2002;** 137: 462-4
4. Gandez C, Regnier S, Aractangi S, Heinzelef O. **A discussion on post surgical complication.** Ann Urol (Paris) 2002; 22 : 131-2.
5. Striker BH, Van Kasteren BJ. **Drug induced renal failure.** Ann Intern. Surg. 2001; 117: 1060.
6. Talbot GR , Scissons RP, Jones L. **Surgical complication of urinary tract.** Br. J. Urol 2003; 8:9-11.
7. Zacharin RF, Hilton P, Riley V J **Prevention of residual urinary incontinence after urinary tract surgery N Eng J Surg.** 2004; 7: 966-8.