



Gazette of Medicine

A Peer-reviewed Medical Journal of the Association of Resident Doctors

University of Port Harcourt
Teaching Hospital, Port Harcourt,
Rivers State, Nigeria



Volume 9 No 2, Dec. 2021 - May, 2022

HUGE BLADDER STONE, A COMPLICATION OF URETHRAL STRICTURE

Danagogo Okigbeye¹, Udo Kufre¹

1 Urology Division, Department of Surgery, University of Port Harcourt Teaching Hospital, Port Harcourt.

Correspondence:

Email: okigbeyedanagogo@gmail.com

ABSTRACT

Introduction: Urethral stricture is a common cause of bladder outlet obstruction. It may be complicated by watering can perineum and though rarely bladder stones.

Aim : We write to highlight a rare occurrence of a huge bladder stone in a patient with recurrent urethral stricture and watering can perineum.

Case Report: We are reporting a rare case of a Huge bladder stone in a 40 year old man. He presented with voiding and storage lower urinary tract obstruction with leakage of urine from the perineum. A diagnosis of recurrent stricture and watering can perineum was made. During supra-pubic cystostomy a huge bladder calculus measuring 12x8x6cm (507g).

Conclusion: Urethral strictures can be complicated by bladder stones. Huge stones greater than 100g are rare. Bladder stones can be managed endoscopically but huge stones usually require open cystolithotomy.

Keywords: Huge Bladder Stone, Urethral Stricture

INTRODUCTION

Stones of the urinary tract are increasing in incidence and are more common in males than females.¹ Bladder stones are less common and usually small in size.² Watering can perineum describes multiple fistulae from the urethra to the perineum in patients with urethral stricture.³

Bladder stones may form as a result of foreign bodies,⁴ urethral strictures, prostatic enlargements, neurogenic bladder among others.^{4,5}

The treatment of urinary tract stones may be by medications, endoscopy, laparoscopy and open surgeries. Bladder stones are usually treated medically, via endoscopy or by open surgery.⁶ Open surgeries are done for very large stones and resource poor setting.⁷

CASE REPORT

We write to present a 40year old farmer admitted with complains of leakage of urine from the perineum for three months duration. He had a preceding history of difficulty passing urine characterized by hesitancy intermittency poor stream that improved with straining. He also had dysuria frequency and nocturia. There was painful intermittent terminal haematuria but no necroturia. He had never passed stone in urine. There was a history of intermittent high grade fever and supra-pubic pain for which he took antibiotics procured over the counter.

He takes about three litres of water daily, he was not on calcium supplements and was on normal southern Nigeria diet.

He was involved in a road traffic accident twenty years ago after which he had blood at the tip of his penis and could not pass urine but was however able to walk. A percutaneous supra-pubic cystostomy was done after a failed attempt at urethral catheterization. He had urethroplasty fifteen years ago. One year after the urethroplasty he noticed difficulty passing urine. He did not come to the hospital until he had developed watering can perineum.

He was pale dehydrated febrile anicteric no periorbital or pedal oedema. His chest was clinically clear. His blood pressure and pulse were normal. His abdomen was flat moved with respiration. He had a well healed supra-pubic scar. He had a normal adult male external genitalia.

There were 4 fistulae in the perineum leaking urine. Diagnosis made was Anaemia with watering can perineum secondary to recurrent urethral stricture. He was billed for open supra-pubic cystostomy for urinary diversion.

Electrolytes urea and creatinine done were normal. Packed cell volume was twenty five percent.

Finding at surgery was a huge bladder calculi (Fig 1 and 2) that measured 12x8x6cm and weighed 507gm. The stone was removed and a

supra-pubic catheter was left in-situ. Post-operative period was uneventful.

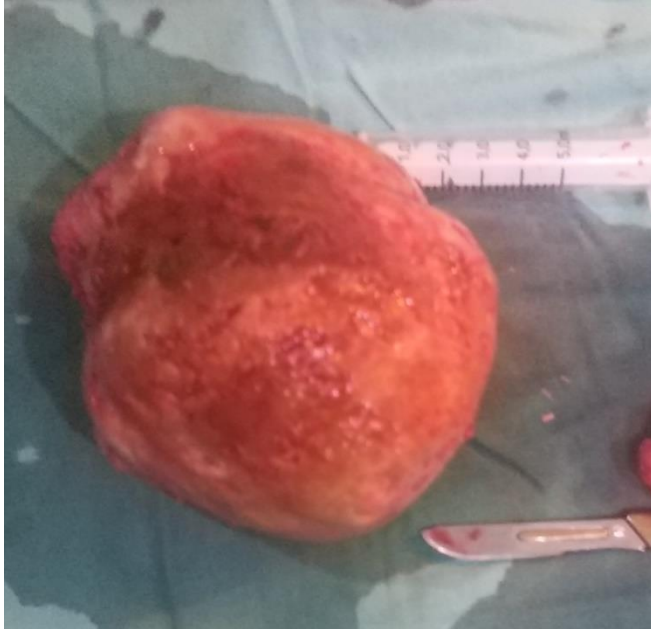


Figure 1



Figure 2

DISCUSSION

Bladder stones make up five percent of urinary tract stones. They are usually less than 100g and can present with frequency, nocturia, haematuria, dysuria, lower abdominal pain and fever.^{2,8} Most of these were found in the index patient.

The main stay of diagnosis for stones in the urinary bladder is ultrasound scan, non-contrast computer tomography or cystoscopy⁹. Our patient did not have any preoperative radiology investigation because he was an old patient with recurrent urethral stricture that was lost to follow up who presented with watering can perineum. All his symptoms could be explained by his clinical diagnosis. He therefore needed a urinary which are some of the setbacks associated with endoscopic procedures.^{5,7}

CONCLUSION

Urethral strictures can be complicated with bladder stones and watering can perineum. The treatment of the bladder stone depend on the stone burden. Huge bladder stones are best treated with open cystolithotomy.

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diversion. The huge bladder stone was discovered during the surgery.

Stones are more common in males than females and usually in the upper tract.¹ The most common urinary stones are calcium oxalate stones they make up over 90% of stones.¹ The facilities for proper assessment of stone composition is not readily available in most states in Nigeria.¹

Bladder stones can be treated by minimal access procedures but huge bladder stones are easier to treat via open cystolithotomy. Though open cystolithotomy causes increased morbidity, longer hospital stay and use of urethral catheter it reduced the risk of urethral injuries and post operative haematuria

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