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A RARE CASE OF AN INCARCERATED UTEROVAGINAL PROLAPSE WITH MULTIPLE BLADDER CALCULI WITH INFLAMMATORY CONTRACTED (SMALL CAPACITY) BLADDER

INTRODUCTION

Uterovaginal prolapse and vesical calculi are two well-known disorders, but their co- existence is rare. Here in is a rare case of An Incarcerated Uterovaginal Prolapse With Multiple Bladder Calculi with Inflammatory Contracted Bladder (small capacity bladder)

CASE HISTORY

A 65-yr postmenopausal female, P2L2 with k/c/o Diabetes Mellitus, presented to the OPD with something coming out per vaginum for 22 years with irreducibility for 10 years,with C/O increased frequency of urine with occasional dribbling of urine since last 2 years
Patient was malnourished with weight of 35kg, and pallor was present.
On local examination procidentia +, cystocele ++, rectocele +, decubitus ulcer of around 4 cm, prolapse difficult to reduce, painful to touch, hard anterior cystocele bulge.

INVESTIGATIONS

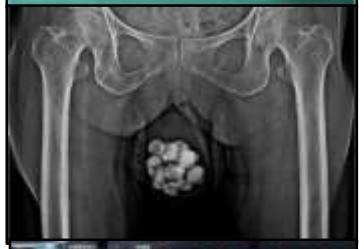
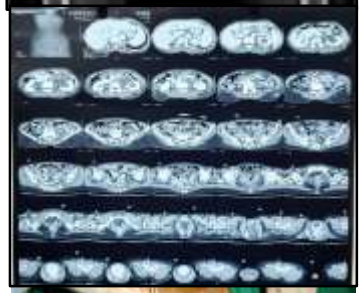
CBC - 7.8/5200/5.3, Urine routine - 25-30, WBC, Blood ++ s.creatinine – 1.0
USG A+P - Severe urogenital prolapse with significant dilatation of upper urinary tracts, multiple calculi visualized in urinary bladder with gross thickening of urinary bladder.
X-Ray Pelvis - Multiple bladder calculi seen
CT KUB (plain + contrast) - Severe urogenital prolapse with cystocele with thickened urinary bladder of small capacity with multiple calculi. Dilatation of both ureter and pelvicalyceal system (left>right)

TREATMENTS

Patient was given 2 PRBC transfusion. Preop. UTI was treated with appropriate antibiotics.

Patient underwent vaginal hysterectomy with colpoperineorrhaphy with open cystolithotomy with ureteric stenting. Intraoperative extensive bladder wall thickening, and fibrosis was noted,33 bladder calculi were removed, Bladder had a very small capacity of 50 cc. The urinary bladder was sutured in 2 layers. Indwelling Foleys catheter kept in situ.

Post op bladder irrigation for 24 hours, 2-pint PRBC was transfused
On post op day 10 CT plain and contrast was done for bladder and ureteric integrity which was normal. Patient was discharged with silicone catheter in situ.

During follow up of 2 months, patient presented with repeated episodes of urinary tract infection with dribbling of urine with foleys in situ. Bladder capacity and the compliance remained poor, with normal kidney function, in consultation with the urologist, patient was given an option of urinary diversion surgery but was lost to follow up.

DISCUSSION

Bladder calculi are due to long standing irreducible prolapse with urinary stasis as nidus for stone formation
Such prolapse with multiple large calculi lead to further irreducibility, with bladder outlet obstruction, along with repeated cystitis resulting in bladder wall thickening and fibrosis. This further lead to a decrease in capacity of the urinary bladder and loss of pliability of the bladder wall causing inflammatory contracted[1] (small capacity) bladder, which is a rarity.

Prolonged incarceration and irreducibility along with bladder wall fibrosis also causes ureteric compression with significant bilateral hydroureter and hydronephrosis. If neglected further, this can lead to renal impairment.
This surgery posed the unique challenges such as the cystolithotomy of thick fibrosed bladder, difficulty in identification of the ureters due to distorted bladder anatomy, avoidance of ureteric injury with intraoperative stenting, difficulty in repositing the thick and fibrosed bladder during the cystocele repair.
Post operative period includes the risk of lifelong catheterisation ,repeated cystitis, pyelonephritis.
Such inflammatory contracted small capacity bladder needs definitive surgery in the form of bladder removal and urinary diversion.

CONCLUSION

Such a case requires a multidisciplinary approach, poses many operative challenges to a team due to it rarity.
Prolonged and neglected prolapse can cause irreducibility which may cause bladder calculi which if neglected can lead to inflammatory contractile or small bladder with its catastrophic effects.
Early intervention of uterovaginal prolapse can avoid such rare complications

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