

The giant bladder

Salvatore Marchese*; Nima Abbassi-Ghadi; Khaled Ibrahim Dawas

*Salvatore Marchese

Upper Gastrointestinal Service, University College Hospital, UCLH, London, UK

Email: salvatoremarchese@live.com

Description

A 66-year-old male was admitted with gastro-oesophageal junction cancer. As preoperative routine assessment, the patient underwent a CT thorax-abdomen-pelvis that surprisingly showed a massively distended bladder (Figure; max. dimensions of 24 x 16 x 12 cm). The bladder interfered with the umbilical port insertion during the staging laparoscopy.

No sign of hydronephrosis was evident at CT scan. Cystogram was unremarkable and did not show any leak. Prostate looked small, smooth and not suspicious for tumour. Blood tests were within normal range, in particular: sodium 143 mmol/L (normal value 135 – 145), potassium 4.4 mmol/L (3.5 – 5.1), urea 4.8 mmol/L (1.7 – 8.3), creatinine 84 µmol/L (66 – 112), GFR > 90 mL/min/1.73sqm.

The patient was later informed about this unusual finding and he admitted he was aware that the condition was the consequence of his long-lasting habit of holding urine that developed as a result of being sexually abused during childhood.

Although almost totally asymptomatic, the patient wanted to avoid the fullness in the abdomen that he felt from his enlarged bladder. Therefore, at urologic outpatient follow-up, potential treatment options were explored. First, abdominal exercises and bladder re-training, to try and help to empty the bladder. Second, intermittent self-catheterisation or, alternatively, suprapubic catheter or a long-term urinary catheter. Eventually, a surgical approach in the form of sacral neuromodulation or ileal conduit. The patient preferred to attempt bladder re-training and the exercises first.

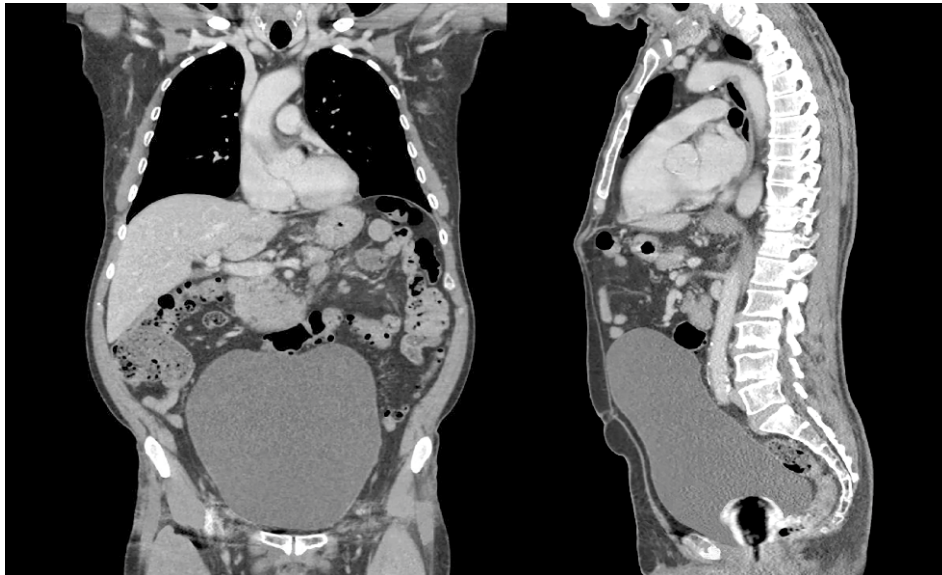
Discussion

Sexual abuse survivors have a significantly higher incidence of genitourinary dysfunctions, including stress and urge incontinence, and voluntary urinary retention [1].

The mechanism that triggers in these victims is initially an inability to relax the pelvic floor properly during micturition with subsequent infrequent voiding. This situation leads to a gradual over distension of the bladder with, in the end, loss of the filling sensation, as it happened in our case [2]. This patient had a significant history of sexual abuse from a very young age, which had led to his current state. He was deeply disturbed by this and very reluctant in letting details emerge.

Accidental cystotomy is an uncommon but well recognized complication of laparoscopic surgery. If underestimated, the insertion of the umbilical port may inadvertently lead to a bladder puncture [3].

Figure



References

1. Davila GW, Bernier F, Franco J, Kopka SL. Bladder dysfunction in sexual abuse survivors. *J Urol*. 2003;170:476-9.
2. von Heyden B, Steinert R, Bothe HW, Hertle L. Sacral neuromodulation for urinary retention caused by sexual abuse. *Psychosom Med*. 2001;63(3):505-8.
3. Woo JH, Lee GY, Baik HJ. Bladder perforation during laparoscopy detected by gaseous distention of the urinary bag -A report of two cases-. *Korean J Anesthesiol*. 2011;60(4):282-4.

Manuscript Information: Received: May 03, 2017; Accepted: September 25, 2017; Published: September 29, 2017

Authors Information: Salvatore Marchese*; Nima Abbassi-Ghadi; Khaled Ibrahim Dawas

Upper Gastrointestinal Service, University College Hospital, UCLH, London, UK

Citation: Marchese S, Abbassi-Ghadi N, Dawas KI. The giant bladder. *Open J Clin Med Case Rep*. 2017; 1322.

Copy right statement: Content published in the journal follows Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>). © **Marchese S 2017**

Journal: *Open Journal of Clinical and Medical Case Reports* is an international, open access, peer reviewed Journal focusing exclusively on case reports covering all areas of clinical & medical sciences.

Visit the journal website at www.jclinmedcasereports.com

For reprints and other information, contact editorial office at info@jclinmedcasereports.com