CASE REPORT

GIANT VESICAL CALCULUS

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Vesical calculi are relatively rare, and most of them are secondary, migrating down to bladder from upper urinary tract. Few are formed due to bladder outlet obstruction or presence of a nidus. Occasionally these calculi grow into enormous size and are labelled as ‘giant vesical calculus’. Case of a 44-year-old man, with lower urinary tract symptoms is presented who was diagnosed to be having giant vesical calculus on ultrasonography and plain radiography. His biochemical profile was normal. He was having urinary tract infection which was treated and controlled before surgery. Supra-pubic extra-peritoneal vesicolithotomy was performed and a huge stone measuring 10×9×5 Cm weighing 250 gm was removed. Postoperative recovery was uneventful. The possibility of bladder stones, which can induce renal dysfunction should be considered in patients complaining of lower urinary tract symptoms and frequently recurring urinary tract infections.

Keywords: Vesical, Calculus, Vescicolithotomy, Bladder outlet obstruction, Urolithiasis

INTRODUCTION

Among urolithiasis vesical calculi are a rare entity comprising of only 5% of the urinary stones. Most of the calculi are calcium oxalate, and they migrate down from kidneys and ureters to the bladder. Few are formed in the bladder due to bladder outlet obstruction or grow on a nidus. Rarely they grow to a huge size weighing more than 100 gm and are called ‘Giant Vesical Stones’. Vesical stones may present as lower urinary tract symptoms (LUTS), recurrent urinary tract infection, and renal dysfunction.

CASE REPORT

A 44-year-old man reported to Urology OPD at Abbas Institute of Medical Sciences, Muzaffarabad, complaining of LUTS for many years and gradually getting worse. He was having mild tenderness of suprapubic region, a hard bladder mass palpable on per rectum examination, and its upper limit was not reachable.

His X-Ray film revealed a large radio-opaque shadow in pelvis. Ultrasonography confirmed a large vesical calculus, 10×9 Cm in size with bilateral mild hydroureteronephrosis and normal sized prostate. His renal functions were optimum and urine routine examination showed numerous pus and red blood cells.

Supra-pubic, extra-peritoneal vesico-lithotomy under spinal anaesthesia was performed. A yellowish-white stone weighing 250 gm was removed. Catheter was retained and bladder was closed in two layers. Surgery and postoperative recovery were uneventful. Catheter was removed on 8th postoperative day.

After passing urine comfortably with good calibre stream, he couldn’t resist to say ‘I had forgotten voiding without pain; I really enjoyed pissing now!’ These were the remarks of the poor man, who could not manage himself treated due to poverty and lack of guidance.
Patient with giant vesical calculus usually present with recurrent urinary tract infections, lower urinary symptoms, bilateral hydronephrosis, deranged renal functions, and even azotemia.5,6 Bladder perforations have also been reported.7,8

The most of the calculi are radio-opaque and visible on plain X-Ray, Ultrasonography, Computerised Tomography (CT), Magnetic Resonance Imaging (MRI), Intravenous Urography (IVU). Contrast enhanced CT is highly sensitive, and it can even show the concentric nature of the stone.9

Despite availability of different surgical modalities for management of vesical calculi, open surgery is believed to be the best approach for giant stones as it can be combined with procedures for bladder outlet obstruction, if required.

CONCLUSION

The possibility of bladder stones, which can induce renal dysfunction should be considered in patients complaining of lower urinary tract symptoms and frequently recurring urinary tract infections.

REFERENCES


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