Unusual Complication of Suprapubic Cystostomy: A Case Report

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An unusual case of inadvertent ureterostomy following suprapubic cystostomy is described. The case itself was unusual with unexpected obstruction at the bladder outlet.

Introduction

Bladder outlet obstruction in children has varied aetiology and the most common cause is posterior urethral valve. Bladder diverticulum may reach sufficient size and can obstruct the urethra with resultant obstructive voiding symptoms [1]. Congenital diverticula of the bladder unassociated with obstruction or neurogenic bladder are unusual and almost always occur in boys [2]. They are not essentially paraureteral diverticula and probably originate near the ureteral orifice but not in the hiatal area [3]. Their origin is related to an inherent weakness in the bladder musculature [4].

Case report

The 7-year-old boy presented with retention of urine for the past 48 hours and a palpable mass in the right flank. Past history of frequency and difficult micturition was present for one year and he was irregularly treated with antibiotics without detailed work-up. At the peripheral centre a trial with urethral catheter failed with resultant bleeding per urethram.

A percutaneous suprapubic catheter SPC was inserted and urine was obtained but the retention was not relieved. He was taken for contrast study which showed the SPC in the right megaureter (Fig. 1). SPC was properly placed and MCU showed a severely hydronephrotic right kidney with grade V reflux and a large diverticulum with dilated ureter obstructing the bladder outlet (Fig. 2). Percutaneous nephrostomy was done on the affected side and the patient's condition improved. IVU showed delayed excretion with hydroureteronephrosis. Cystourethroscopy showed the urethra free from stricture and valve. The bladder outlet was narrowed with a big diverticulum and ureter opening into it. The ureteral opening was normal in size. There were no changes of trabecula-
A case of congenital bladder diverticulum obstructing the bladder outlet with involvement of the ureter resulting in high grade reflux. Accidental ureterostomy following SPC is a rare event and unusual complication. In children, a small silastic urethral catheter drainage is ideal but we refrained from it because of previous failed urethral trial and to avoid further trauma to the urethra.

Congenital diverticula are sometimes larger than those caused by neurogenic bladder and obstruction. Johnston [3] commented that they probably start near the ureteral orifice but not in the hiatal area and as the diverticulum enlarges it may incorporate the intramural tunnel so that the orifice empties into the diverticulum, and reflux starts.

The purpose of describing this case is to call attention to congenital bladder diverticula as a cause of urinary retention in childhood, though unusual, and to take precautions while doing SPC in this age group.