An Unusual Case of Urethral Catheter Balloon Stuck in Vesical Diverticulum

Sir,

Vesical diverticulum is a condition in which the wall of urinary bladder has an outward, cystic projecting area. It can be divided into two types: acquired and congenital. Acquired vesical diverticula are much more frequent than congenital vesical diverticula. In acquired diverticula, the mouth of the diverticulum is situated superior and lateral to one of the ureteric orifices. Diverticular wall is composed of fibrous tissue only. Most male patients who develop a small bladder diverticulum secondary to bladder outflow obstruction develop no symptoms after prostate resection. Known complications of bladder diverticula are recurrent urinary infections, bladder stone, hydronephrosis, hydrouretri and neoplasm. Cystoscopy is the usual means of discovering diverticulum. Other investigations used include intravenous urography, retrograde cystography, ultrasonography, CT scan, and MRI. Operative resection is only necessary for treatment of complications.

An 81-year-old gentleman was known to have vesical diverticulum secondary to bladder outflow obstruction. He was catheterised prior to his hip surgery. Post-operatively, he was complaining of severe suprapubic pain. His catheter was not draining properly and urine was bypassing. Decision was made to remove the catheter but multiple attempts to deflate the balloon failed. Cutting the side port of catheter was also unsuccessful. Balloon was not visible on ultrasonographic examination. Cystoscopy showed that balloon was sitting in vesicular diverticulum. Balloon was pierced cystoscopically and catheter was removed.

This case illustrates possibility of urethral catheter balloon stuck in vesical diverticulum, if catheter balloon cannot be deflated in a patient known to have acquired vesical diverticula. This is the first case reported in English literature of a patient with catheter balloon stuck in vesical diverticulum. Catheter balloons are usually visible on ultrasound in the pelvis, but not invariably so. Ultrasonography should be employed early for detection of balloon although cystoscopy is the definitive diagnostic and therapeutic procedure in such a case. Ultrasonography may be used for detection of balloon but injection of contrast into balloon should not be used to avoid risk of rupturing balloon. Cystoscopy is the definitive diagnostic and therapeutic procedure in this case. There is no advantage in cutting the catheter port site to allow free drainage of water from balloon.

REFERENCES


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