

CASE REPORT

Vesical Calculus: An Uncommon Cause of Obstructed Labor

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Received: 24 December 2008 / Accepted: 22 October 2010 / Published online: 17 April 2012
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Introduction

Obstructed labor in this case has been reported because of its rarity as the cause was a large vesical calculus, which was diagnosed during the second stage of labor.

Case Report

The patient was gravida eight para five who had a history of urgency and hematuria antenatally. During labor an attempt at passing a catheter was unsuccessful, and a vaginal examination showed a large hard mass bulging into the vagina anteriorly. This mass was suspected to be a large bladder calculus. At cesarean section which was performed for obstructed labour. The mass was confirmed as to being located within the bladder (Figs. 1, 2, 3). A cystotomy was performed for the removal of a large calcium oxalate, uric acid stone weighing 156 g and measuring 6.8×5.8 cm.

Discussion

Vesical calculi can exceptionally cause obstetrical dystocia [1]. Vesical calculi are uncommon in woman and rare in pregnancy [2]. The common complications are infections, premature deliveries, abortions, urinary fistula and uterine rupture [1, 2]. Management varies according to the size and situation of the calculus and whether the patient is in labor. Suprapubic cystotomy is the safest approach for removal of a large calculus [3].

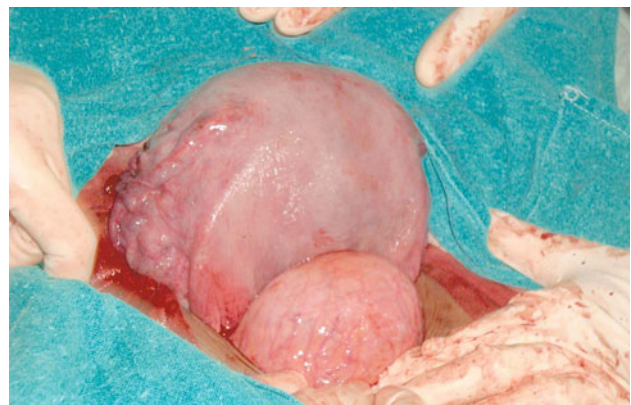


Fig. 1 Puerperal uterus after cesarean section and bladder with stone inside

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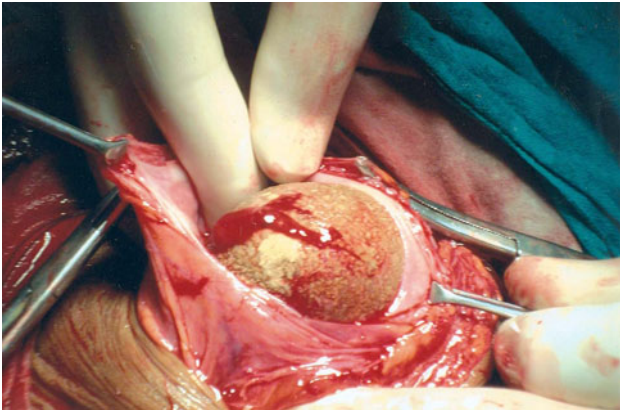


Fig. 2 Removal of stone from bladder



Fig. 3 Vesical calculus

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