GIANT CALCULUS IN THE FEMALE URETHRA WITH 3° PROLAPSE CERVIX

(A Case Report)

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Calculus in the female urethra, primary or migratory, is rare as female urethra is seldom the site of obstruction or inflammatory stricture (Elleck Bourne). Migratory stones may be arrested in the urethra in the presence of stricture or diverticulum.

In present case, a stone of 2″ × 1″ was removed from female urethra in a case of 3° prolapse cervix while there was no stricture in the urethra.

CASE REPORT

Mrs. P. D. 65 years of age, was admitted on 14-11-1976 for incontenence of urine for 3 days and difficulty in passing urine for 3 years. She had genital prolapse from last 18 years which was irreducible from last 3 days.

Menstrual History: She attained menopause 20 years back.

Obstetric History: She had 3 F.T.N.D., last delivery was 20 years back.

General Examination: Patient was obese looking anxious, slightly anaemic. Pulse 100/mt., temp. 98.4°F, B.P. 170/98 mm of Hg., resp. 22/mt. All systems were clinically normal.

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Accepted for publication on 2-8-79.

There was a suprapubic soft systic swelling extending upto the level of umblicus, mobile from side to side.

Vaginal Examination: Cervix was lying outside the vulva, it was oedemeatous, hypertrophied, decubitous ulcer was present on the posterior lip of cervix. There was moderate cystocele and rectocele; no irethrocele. There was oedema of anterior vaginal wall, lower one third of the anterior vaginal wall was thickened and tender. A hard tender mobile swelling was felt in the urethral region, size 2″ x 2″ through the lower 1/3rd of anterior vaginal wall. The urethral meatus was patulous and urine was seen dribbling through it on straining. Prolapse was irreducible, exact size of uterus could not be made out because of tenderness.

The swelling which was felt per abdomen was thought to be distended bladder, catheterization was tried and even metal catheter failed to overcome the obstruction in the urethra. The patient was kept for examination under general anaesthesia.

Investigations: Hb 9 gm %, blood urea 68 mg %, urine albumen and sugar were absent. Microscopic examination 10-12 pus cells/H.P.F., I.V.P.-Mild hydronephrotic changes.

Operation notes: On 16-11-1976 urethral lithotomy was done and a stone of 5 cms x 2.5 cms (Fig. 1) in size was removed while removal of stone it was felt that internal sphincter had torn, Urologist was consulted and suprapubic cystotomy was done. Internal sphincter of urethra was found intact. There were multiple stones of various size present in bladder, which were removed. Malecot

cather was put in for suprapubic drainage and a Folebag catheter was put per urethra. Both catheters were removed after 10 days. Patient was discharged on 28-11-1976 as she refused operation for prolapse, because of some family problems. At the time of discharge prolapse was reducible, decubitus ulcer was healed and she was passing urine from urethra comfortably.

The stone was oval, brownish in colour, surface was uneven, size was 2″ x 1″ (Fig. 2). Cut surface showed no nucleus.

Discussion

Impaction of stone in urethra in females is rare because of shortness of urethra. Huhner (1938) reported 12 cases of diverticulum of urethra, including 3 calculi in sac. Mathur *et al* (1976) reported a case of primary urethral stone. In presence of diverticulum stone may be formed, as a result of infection or a migratory stone may be hitched into it, but this thing is possible only when urethral lumen is narrow or it may occur in a female childless than 2 years of age.

In present case, patient was having prolapse of cervix since last 18 years, having a stasis of urine in the bladder resulting in infection and formation of multiple stones in the bladder. The stone in urethra (2″ × 1″) was not having any mucleus (Oxalate stone) is thought to be a primary stone, origin is (? from bladder or urethra) is doubtful. There was no diverticulum of urethra. The urethral stone (Primary or Migratory) was a giant stone was removed from urethra is also a rare one hence worth reporting.

Reference

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See Fig. on Art Paper IV