

# PREGNANCY WITH COLOCYSTOPLASTY

(A Case Report)

by

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## Introduction

An obstetrician gathers enough experience to manage various urinary tract problems associated with pregnancy. However, combination of pregnancy associated with colcystoplasty is a rare one and hence we thought it worth reporting. Even literature did not reveal any such case as per our knowledge.

## CASE REPORT

Mrs. C.A., 22 year old, Muslim female presented with a history of 8 months' amenorrhoea on 30-10-1977.

She was a primigravida and had conceived after 13 years of marriage. Her past cycles were normal. Her estimated due date was on 20-11-1977.

She gave history of undergoing some operations in the past for urinary complaints 6 years and 5 years back. It was found that she had cystolithotomy with colcystoplasty was done for vesical calculus and contracted bladder. One

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Accepted for publication on 23-5-81.

year later, she presented with multiple renal calculi located in the left kidney for which left sided nephrectomy was done.

The histopathology of the affected kidney showed pyelitis and focal pyelonephritis. Pelvis of the kidney showed multiple oxalate stones. Ureters revealed changes of chronic inflammation.

On general examination, she was averagely built and well nourished. Hb was 10 gm% uterus was corresponding to 34 weeks of pregnancy with presentation and good F.H.S.

Vaginal examination revealed a clinically adequate pelvis.

Patient went into spontaneous labour on 1-12-1977 i.e., after one month of admission. She was kept under strict observation. Six hours after the onset of active labour, head remained floating, liquor became meconium-stained and foetal heart sounds were grossly irregular. Hence, patient was taken for caesarean section.

On exploration, there were no adhesions. Lower segment was incised. The liquor was thickly stained with meconium. A male baby weighing 2.9 kg. with an apgar score of 10 was delivered. The uterus was sutured in three layers. Post operative recovery was uneventful.

## Discussion

Such a combination, as in this case presents multifaceted problem both from the point of view of ante and intra natal

management and also technical difficulties for performing a caesarean section if the need arises. He may face the problems of repeated renal infection, renal lithiasis and sometimes a compromised renal function in a pregnant patient due to the operation. Inaccessibility of lower segment may compel him to consider even an upper segment caesarean section.

*Summary*

A case of pregnancy with colocolocystoplasty with review of literature is presented.

*Acknowledgements*

We are grateful to Dr. J. V. Bhatt, Dean of L.T.M.G. Hospital for allowing us to publish the hospital data.