Vesical Calculus Presenting as Obstructed Labor

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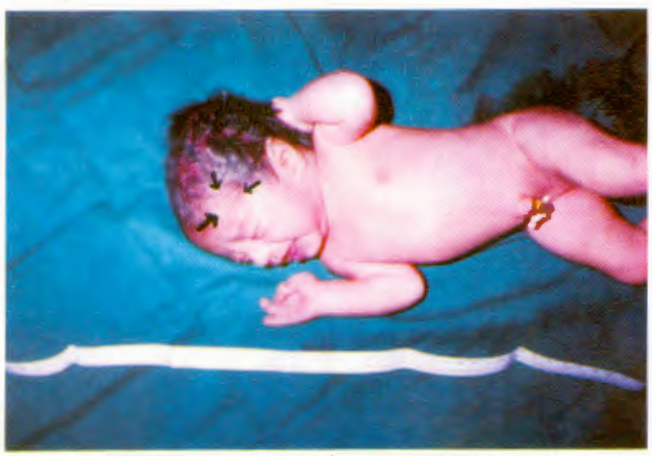
Smt A. aged 25yrs 5497/A, of low SE status, primigravida with full term gestation came to HQH, labor room as emergency on 10/10/99 with h/o labor pains since past 14 hrs with h/o PV leak since then. She had not had any ANC visit, unbooked, but immunized outside.

Her obstetric history was unremarkable except for inability to maintain stream of urine since 7th month of gestation. There was no h/o burning micturation, pain in abdomen, fever or haematuria, no other significant history was noted.

O/E: Pale, dehydrated, moderately built & nourished, normotensive,

P/A: Uterus full term, cephalic pole 3/5th palpable. Lower segment stretched out, Bowels distended, FHS 140/min reg



Photographs 1: Newborn: Taken on 1st PND. Note the depression on left pterion region.

P/V: Cx fully dilated and effaced, Vx at -1 Stn, caput 2+, LOT.

Retropubic region – Uniform ellipsoid hard mass felt, movable side to side with difficulty, presenting part jammed at the mass level. This mass (calculus) had effectively reduced diameters of pelvis.

Impression: primi with obstructed labor secondary to vesical calculus.

Under GA, vesical calculus was pushed into abdominal cavity. Extraperitoneal suprapubic cystostomy was done & a ellipsoidal, bald, 4x6cms hard calculus removed, bladder closed in 2 layers using 2-0 atraumatic catgut, LSCS was done and liveborn mature female baby of 2.6kg removed. Apgar 1'-4, 5'-8. Facial asymmetry and depression at left pterion was noted due to calculus (Photograph 1). Retropubic drain and indwelling catheter were placed. Retropubic drain removed on 3rd day, sutures on 7th day and indwelling catheter on 14th day.

Post operative recovery was uneventful and patient went home on 15th day.

Investigations: Hb 9gm%, Urine NAD, Blood group O+ve, serum calcium 9.3mg/dl, serum potassium 5.2meq/l.