# Foreign Body in the Urinary Bladder – An Unusual Case

Gowri R, SoundaraRagavan S, Dorairajan LN

*Department of Obstetrics and Gynaecology and Department of Urology, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry*

Mrs. M, 41 years of age, attended our out patient department with purulent vaginal discharge on and off for two years since she underwent vaginal hysterectomy for uterine prolapse at a nursing home. On examination she was anemic and afebrile. P/A-NAD. Speculum examination revealed a narrow introitus and pus discharging from the vault. Pelvic examination revealed some induration. She was given a course of antibiotics. The patient reported back with persistent discharge. She was investigated and the results were-Hemoglobin 9gm%, TLC -7800/cumm, DLC-56 polymorphs, 5 eosinophills and 39 lymphocytes. Urine showed plenty of pus cells and significant growth of E.coli. TVS revealed a 4x5cm hypoechoic mass posterior to bladder. The induration at the vault was persistent. Meanwhile she complained of dysuria and pyuria and was given another course of antibiotic according to the culture report. Since the purulent discharge and vault induration was persistent, it was decided to explore the vault with the suspicion of a foreign body. The vaginal vault was explored under anesthesia with a urethral catheter in place. During the procedure, there was sudden discharge of blood and pus through the urinary catheter. Suspecting bladder injury laparotomy was embarked upon in view of the limited accessibility through the vagina. At laparotomy, the peritoneum covering the vault was incised. There was a cavity containing necrotic material and pus between the bladder and the anterior vaginal wall. As the tissue was friable and it was not possible to dissect further, cystotomy was performed to reach the site of injury. On opening the bladder, the mucosa was edematous and inflamed and an old fistula with indurated edges was seen between the bladder and the cavity containing pus and necrotic material. An old gauze piece 4x5 cm coated with blood and pus was found in the bladder covering the opening. The gauze was removed. The margins of the fistula were excised, omentum was interposed between the bladder and the vagina and the fistula was repaired. She had suprapubic drainage and urethral catheter postoperatively. She had uneventful recovery and was discharged after two weeks.

This patient had been readmitted in the same hospital ten days after hysterectomy with fever and purulent vaginal discharge. She was treated with antibiotics. The gauze piece had possibly been left in the vesico-vaginal space and an abscess formed around it, which ruptured, into the bladder, the gauze piece slipping into the bladder. Since the gauze piece was blocking the communication between the bladder and the abscess cavity, there was no significant incontinence of urine through the vagina. High index of suspicion is required to diagnose a foreign body particularly after a surgery. Utmost care is required to avoid such complications. Early diagnosis can prevent long term morbidity.