

Prolapse of the Bladder Diverticulum Through Urethra

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Mrs LB, 26 years, P₃₊₀ was admitted on 15.1.98 with h/o something passing through the vagina for last two days.

On P/V examination a reddish cystic mass was seen at the vulva with reddish irregular surfaces. It bled on touch. The mass was found to be coming through the urethra. Urethral opening was dilated. One cystic mass was seen outside the vulva. On aspiration watery fluid came out. Cx was found inside the vagina Ut. – NS, Rv. Only the base line investigations done :-

Hb% 8.3gm

TC 5400/cm

N₆₀ L₂₂ M₂ B₀ E₆

X-ray No abnormality detected

Urea/creatinine – Normal limit

P.P.B.S 102 mg%

She had no history of retention of urine, but of passage of continuous urine in small amount. The patient

was operated on the next day. Suprapubic extraperitoneal and external per urethral approach was made to reduce the prolapsed mass. Cystostomy done and then with great difficulty the edematous prolapsed portion of bladder was reduced. The prolapsed sac was found to have a communication with a bladder diverticulum. Lot of pus was drained from the diverticulum. Catherization was done by a three channeled Foley's catheter. Malecot catheter drain was kept suprapubically in the space of Retzius. Cystostomy incision was closed in layers. On the 3rd postoperative day suprapubic drain was removed. Bladder irrigation was done with normal saline. Urine output was about twelve hundred c.c. per day. The patient recovered uneventfully in the postoperative period and was discharged 2 wks after the operation. Patient was advised to attend the Uro-Surgery O.P.D. for follow-up and did not turn up in the OPD. The case was presented because it looked like a case of uterine inversion on initial presentation.