

Case Report*Open Access, Volume 2***A rare cause of bladder outlet obstruction:
Vesical diverticular calculus*****Corresponding Authors: Vivek Rajdev**

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Abstract

Vesical diverticula are herniations of the bladder mucosa and submucosa through the muscular wall of the bladder. A calculus in diverticulum is an unusual finding. It is usually secondary to bladder outlet obstruction [1]. The patient typically presents with lower urinary tract symptoms, lower abdominal pain or abdominal distention. The present case is a 64-year-old male with a giant vesical diverticulum calculus. Cystolithotomy was done with primary closure of bladder, with repair of bladder diverticulum. Post-operatively, he recovered well with improved lower urinary tract function.

Keywords: vesical diverticulum; diverticular calculus; bladder outlet obstruction.

Introduction

Vesical diverticula are herniations of the bladder mucosa and submucosa through the muscular propria of the bladder [2]. They are often small and asymptomatic; most are discovered incidentally during an examination for other reasons.

Most bladder diverticula require no treatment, although some may cause significant morbidity. Complications include recurrent infections (13-73%), stone formation (5-16%), tumor development (3-10%), ureteral obstruction (8%) and urinary retention [3].

This is a case report of calculus in bladder diverticulum presenting as bladder outlet obstruction.

Case report

A 64 years old male, with no co-morbidity, presented with complaints of pain in lower abdomen, increased frequency of micturition and poor stream. On examination, patient had palpable urinary bladder. On digital rectal examination, patient had normal perianal sensation, grade 1 prostatomegaly with

benign consistency. Patient was catheterized for chronic urinary retention. Ultrasound pelvis suggested urinary bladder stone with posterolateral diverticulum in urinary bladder (Figure 1). On cystoscopy, grade 1 prostate was present with, high bladder neck with urinary bladder diverticulum.

NCCT KUB was done which was suggestive of cystitis with bladder trabeculations with multiple diverticula, with a diverticulum of 6 x 4.5 cm posterior to bladder with 37 x 25 mm calculus present in diverticulum (Figure 2). Patient was planned for TUIP and cystolithotomy.

TUIP with excision of diverticulum was done. On endoscopy 5 and 7 o'clock bladder neck incision were given. Urinary bladder was trabeculated with one large diverticulum with narrow neck. A narrow-mouthed diverticulum was present in the interureteric region posteriorly in trigone of bladder. Open diverticulectomy was done with retrieval of bladder calculus with repair of bladder wall.

Post-operatively, patient underwent successful trial of void on 21th POD.

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