

Clinical Image

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A strange case of a large abdominal mass

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Description

Male, 78 years old, with a history of hypertension, anemia, diabetes, and hip arthroplasty. He was referred to the emergency department due to an increase in abdominal circumference, asthenia, anorexia and constipation which had been going on for two weeks, not associated with abdominal pain, urinary complaints, or reference to altered urine output.

A large, hard, and painless abdominal mass was observed (Figure 1), with doubtful fluid wave test.

Analytically, there was no increase in inflammatory parameters, but there was an alteration in renal function (urea 122 mg/dl; creatinine 2.9 mg/dl). Abdominal and pelvic Computed Tomography (CT) without intravenous contrast showed a voluminous, apparently pure abdominal-pelvic liquid collection, measuring 24 cm, leading to bilateral grade IV uretero-hydro-nephrosis and molding of the remaining abdominal organs, particularly the lower organs (Figure 2).

A urinary catheter was placed with 7000 ml of clear urine output. Due to a urine sample suggestive of a urinary tract infection, it was empirically started on ciprofloxacin the agent was subsequently identified in the uroculture (multisensitive *Escherichia coli*).

Further investigation revealed an increase in prostate-specific antigen levels (24 ng/ml) and an echographic rise in the size of the gland, leading to deformation of the bladder pavement. The histologic result revealed benign prostatic hyperplasia.

Urinary retention is the most common urological urgency. It occurs mainly in men, resulting in an inability to urinate and is often associated with benign prostatic hyperplasia. Other causes are mechanical obstructions, neurological causes, drug iatrogenesis, infections, trauma, post-surgery or post-partum. Bladder catheterization works both diagnostically and therapeutically [1-3].

References

1. Barrisford G, Steele G. Acute urinary retention. Up to date. 2024. https://www.uptodate.com/contents/acute-urinary-retention?search=retenção%20urinária&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1.
2. Mavrotas J, Gandhi A, Kalogianni V, Patel V, Batura D. Acute urinary retention. Br J Hosp Med Lond. 2022; 83(1): 1-8. doi: 10.12968/hmed.2021.0278.
3. Serlin DC, Heidelbaugh JJ, Stoffel JT. Urinary Retention in Adults: Evaluation and Initial Management. Am Fam Physician. 2018; 98(8): 496-503.



Figure 1: Photograph of the large abdominal mass.

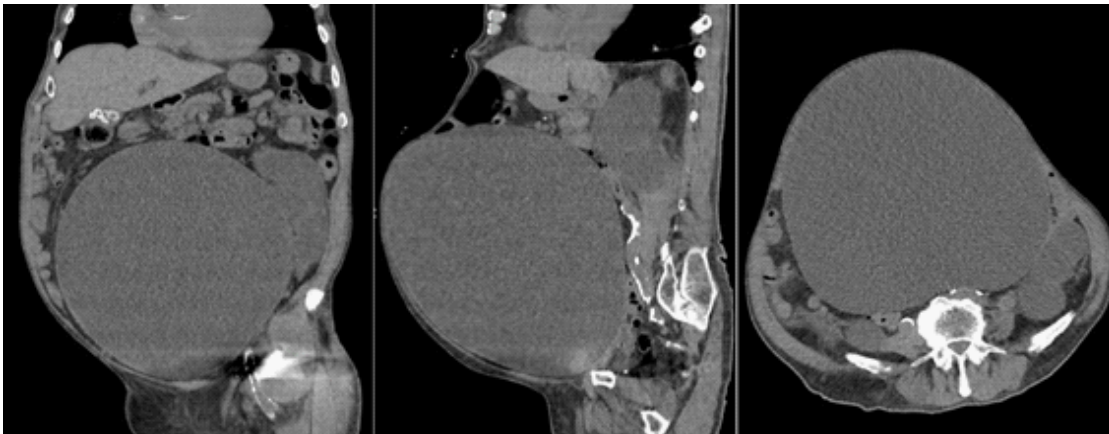


Figure 2: CT images in coronal, sagittal, and axial sections.