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Coexistence Of Bladder Cancer And Foreign Body In The Bladder: A Rare Case Report

- V. Papava, V. Kvakhajelidze, T. Didbaridze, L. Shanidze, G. Sinauridze, T. Mamasakhlisi, O. Khardzeishvili, Sh. Sakhvadze, M. Tsirekidze
- V.Papava Associate Professor, Urologist, Onco-Urologist N. Kipshidze Central University Clinic Of Tbilisi State Medical University (Former Republican Hospital)
 - V. Kvakhajelidze Md, Urologist, N. Kipshidze Central University Clinic Of Tbilisi State Medical University (Former Republican Hospital)
 - T. Didbaridze Department Of Microbiology, Tbilisi State Medical University, Tbilisi, Georgia
 - L. Shanidze Manager Of The Georgian-Austrian Medical Centre, Phd, Tbilisi, Georgia
- G. Sinauridze Md, Resident Urologist, , N. Kipshidze Central University Clinic Of Tbilisi State Medical University (Former Republican Hospital)
 - T. Mamasakhlisi Md, Department Of Internal Medicine, N. Kipshidze Central University Clinic Of Tbilisi State Medical University (Former Republican Hospital)
 - O. Khardzeishvili Associate Professor Of The Department Of Pathological Anatomy, Tbilisi State Medical University
 - Sh. Sakhvadze Md, Professor, Traumatologist N. Kipshidze Central University Clinic Of Tbilisi State Medical University (Former Republican Hospital)

M. Tsirekidze -Md, Radiologist, Aversi Clinic, Tbilisi, Georgia



Abstract – Foreign bodies in the bladder are a rare but significant medical condition that can lead to complications and severe health consequences. While it can be challenging to access the bladder, foreign bodies can occasionally find their way inside. These objects may be intentionally introduced, as in cases of self-insertion or insertion by others, or may enter the bladder accidentally, as in cases of migration from adjacent organs or tissues.

Various objects have been found in the bladder, including but not limited to electric cables, pencils, catheters, aluminum braids, and removable parts of medical cystoscopy equipment. In addition, unusual objects such as candles, pens, thermometers, and other household items have been reported. Patients who insert foreign bodies into the bladder may have underlying psychological disorders or curiosity, while accidental insertion may occur due to medical procedures, trauma, or other causes. (A W Badenoch)

Complications associated with foreign bodies in the bladder can be acute or chronic and may include pain, infection, inflammation, hematuria, urinary retention, bloody urine or urinary tract obstruction. Patients may present with various symptoms, including dysuria, frequency, urgency, or incontinence. Diagnosing foreign bodies in the bladder is typically done through imaging studies, such as X-rays or ultrasound, and confirmed by cystoscopy.

In some cases, foreign bodies in the bladder may be discovered incidentally during medical interventions for other conditions. For example, the discovery of a post-osteosynthesis bolt in the urinary bladder, as in the case presented in this report, is a rare finding that may be associated with asymptomatic conditions and tissue formation of the bladder. The prompt and appropriate management of foreign bodies in the bladder is critical to prevent serious complications and improve patient outcomes. (FOREIGN BODIES IN THE URINARY BLADDER – CASE SERIES, 2017)

Categories: Urology, Traumatology,

Keywords - Foreign Body in the bladder, Bladder Cancer, Cystoscopy, Post-osteosynthesis bolt.

I. INTRODUCTION

Foreign bodies in the urinary bladder are a rare but well-documented phenomenon. While transurethral removal is the standard treatment, foreign bodies can occasionally become calcified, complicating their management. This report presents a unique case of a patient with bladder cancer who was found to have a foreign body in the bladder.

In this case, the patient initially presented with symptoms consistent with bladder cancer and underwent diagnostic procedures, ultimately discovering a foreign body in the bladder.

Managing foreign bodies in the bladder can be challenging, especially in cases where the object has become calcified or when there is accompanying tissue formation. In this case, a foreign body in the bladder presented a unique diagnostic challenge that required a multidisciplinary approach. We describe the patient's medical history, diagnostic workup, management, and a review of the relevant literature on foreign bodies in the bladder. (Li, Gao, Chen, & Jiang, 2018).

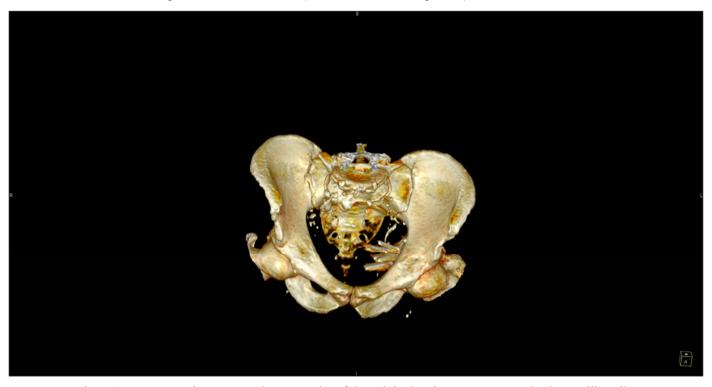


Figure 1: Reconstructive computed tomography of the pelvis showing post-osteosynthesis metallic nails.



Figure 2: CT study with angiography - cystogram and external tegula with post-osteosynthesis metal.

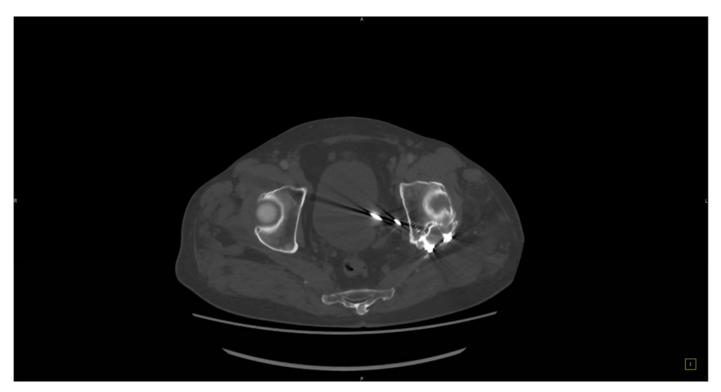


Figure 3: CT study without contrast, where the metal ring is clearly visible.

II. CASE PRESENTATION

A 65-year-old male patient with a history of tobacco use and prior femoral osteosynthesis with screws following a car accident presented to the clinic with symptoms of dysuria and periodic macrohematuria with clots. Ultrasound examination revealed a tissue formation in the urinary bladder at the 7 o'clock level. A subsequent abdominal cavity and small pelvis tomography with contrast led to the decision for operative treatment.

Under endotracheal anesthesia, a resectoscope was passed through the urethra without obstruction, revealing a tissue mass at the 7 o'clock level and a metal nail approximately 3-4 cm in size with a sharp head penetrating the bladder wall at the 3 o'clock level on the right wall. There was whitish fibrous tissue surrounding the foreign body with the surrounding vegetation. The patient underwent transurethral resection of the tissue formation in the bladder with coagulation, and the material was sent for histological examination.

During the operation, a traumatologist was consulted, and it was decided not to perform an additional intervention. However, partial resection of the whitish fibrous tissue was performed and sent for histological dissection. A 3-channel Foley catheter was placed in the bladder, and the urine was clear.

Histological examination revealed highly differentiated urothelial carcinoma of the urinary bladder with a Grade 1 classification and ICD 08120/3PT2. Fibrous tissue taken from the right wall showed an image of fibro-connective tissue swelling. This case is unique as the patient presented with a foreign body and bladder cancer, requiring a multidisciplinary approach to diagnosis and treatment.

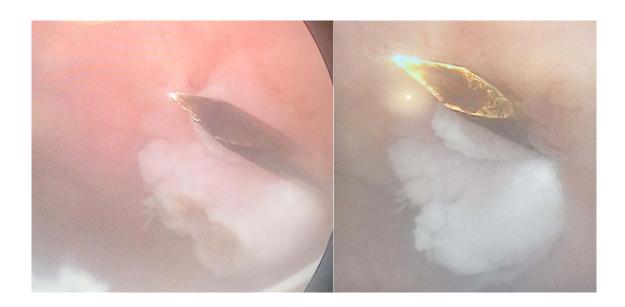




Figure 4: (1,2) Cystoscopy of bladder, bladder foreign body and connective tissue. (3) Bladder tour, electroexcision of tumor

III. CONCLUSION

In conclusion, this case report describes a rare and unusual case of a patient with a foreign body, specifically a metal nail, found in the urinary bladder along with a highly differentiated urothelial carcinoma. The foreign body was likely introduced into the bladder during previous osteosynthesis surgery for a femoral fracture. The patient presented with dysuria and periodic macrohematuria, which led to the discovery of the foreign body during imaging studies. Transurethral resection of the tissue formation in the bladder was performed, along with partial resection of the surrounding fibrous tissue. The patient was diagnosed with Grade 1 urothelial carcinoma based on histological analysis. (Kota Shimokihara a, 2017)

This case highlights the importance of considering the possibility of foreign body retention in the bladder, especially in patients with a history of previous surgeries or trauma. It also emphasizes the need for careful examination and imaging studies in patients with urinary symptoms. Early detection and prompt treatment of bladder cancer can significantly improve patient outcomes.

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