Urethral migration of sponge retained at abdominal hysterectomy

D. B. Sharma, S. Kolte, B. C. Bakane, S. R. Johrapurkar

Department of Surgery, J.N. Medical College Sawangi (M), Wardha, India.

For correspondence:
Dr. D. B. Sharma, Department of Surgery, J.N. Medical College Sawangi (M), Wardha, India.
E-mail address: sharmadeepti3@rediffmail.com

ABSTRACT

Although urinary bladder is an uncommon site for intrusion of foreign bodies, a wide variety of objects have been reported in the literature. Many of these foreign bodies migrated into the bladder from adjacent sites. This is a rare case in which surgical sponge, accidentally retained after abdominal hysterectomy, eroded into the bladder and came out spontaneously through the urethra without forming vesical calculi.

Key words: Abdominal hysterectomy, complication, retained sponge, foreign body, migration

CASE REPORT

A 42-year-old tribal woman presented with complaints of incontinence of urine for 7 days and something coming out per urethra for 3 days. She had a history of dysuria and intermittent fever for 3 months. She had undergone an abdominal hysterectomy one and half years ago with an uneventful convalescence.

On examination, a surgical mop was detected to be emerging from the dilated urethra [Fig-}

DISCUSSION

The urinary bladder, however, would seem an inaccessible site for introduction of foreign bodies. Even
surprisingly diverse objects have been recovered from the bladder. These foreign bodies are classified into three groups based on the method of their deposition in the bladder. Self-inserted (sexual gratification, pediatric, psychiatric), Iatrogenic (bladder surgery and drainage) and Migratory (uterus, rectum and vagina).

Intravesical foreign bodies usually present with irritable bladder symptoms. In a series of 21 patients, dysuria, hematuria, frequency, strangury and urethral discharge were common symptoms. Migratory foreign bodies can enter into the bladder from the rectum like a broken piece of rectal thermometer, from uterus commonly IUCD which may act as a nidus for stone. Bodenbach M and Riaz AA reported intravesical migration of a polypropylene mesh used for hernia repair. Urethral expulsion of distal catheter of cerebrospinal shunt and screw after plate fixation of symphysis pubis has been reported in the literature.

Migration of retained surgical sponge into bladder after a gynecological procedure is very rare although 17 cases were reported from Japan, 16 after abdominal and 1 after vaginal hysterectomy. There is a case report of retained postpartum vaginal gauze which migrated into the bladder and presented as a vesical stone. Four cases of retained intravesical sponge were reported after transvesical prostectomy.

The case under discussion had dysuria and incontinence secondary to severe cystourethritis. This case is unique in that in spite of retained surgical sponge for one and half year there was no calculus formed and also migrated out through the urethra.

This case is being reported for its rarity, as the literature has not revealed such a migration of retained surgical sponge through the urethra.

REFERENCES: