

# URSL in a Case of Adult/Neglected Case of Bladder Exstrophy

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**Abstract:** This paper represents an overview of URSL in a case of adult/neglected case of bladder exstrophy

**Keywords:** Bladder exstrophy, URSL, ureteric calculus.

## 1. Introduction

A 30-year male presented with colicky left loin pain associated with high grade fever for two months. He also had similar episodes in past and Continuous Leaking of urine from fleshy lower abdominal mass since birth. He had history of failed surgery for correction of bladder exstrophy at age of 2 yr. On clinical examination, left renal angle tenderness was present. There was large lower midline scar, infraumbilical anterior abdominal wall defect with protrusion of posterior urinary bladder wall with continuous leakage of urine. pubis symphysis is prominent and widely placed. anomalous external genitalia, dorsal aspect of penile shaft absent, testis b/l palpable and normal in size (fig 1). Routine blood investigation was normal. kidney function test revealed elevated serum creatinine level. Urine culture was negative for bacterial growth. X- Ray KUB showed left distal ureteric calculus. (Fig 2). Ultrasound showed Bulky Lt kidney with Mod. Hydroureteronephrosis, Gross Rt Hydroureteronephrosis with cortical thinning of renal cortex and CT KUB plain revealed left mod. HUN due to Lt distal ureteric calculus (1.5x1.0 cm) with Rt mod. HUN. (Fig 3). Hence, He was planned for Left Ureteroscopic lithotripsy with left Double J stenting.



Fig. 1. Bladder exstrophy



Fig. 2. X ray KUB showing radio opaque density



Fig. 3. CT kUB showing left ureteric calculus

## 2. Materials and Methods

Feeding tube no. 5 was introduced to identified b/l ureteric orifice. ureteroscopy was done A single stone was found in left distal ureter. Stone was fragmented and complete clearance was achieved(fig.4). stone fragment sent for stone analysis. A DJ stent was kept and fixed, (fig. 5). Urostomy bag was applied to prevent exposure of Lt DJ stent, urinary dermatitis, and retrograde renal infection(fig.6).



Fig. 4. Ureteroscopy+lithotripsy



Fig. 5. DJ stent insertion



Fig. 6. Urostomy bag

### 3. Results and Observations

Exstrophy of bladder is a rare condition with incidence of 1 per 30,000 - 50, 000 live births with male to female ratio ranging from 1.5:1 to 5:1(2,4,5). Urolithiasis is common in patients with bladder exstrophy, occurring in 16% of those with classic exstrophy. It may be related to risk factors associated with surgical reconstruction, but the role of metabolic abnormalities is unknown. To minimize the stone recurrence,

urine chemistry data may provide useful information (6). no literature is available in ureteric calculus management in such cases till date. One case report of open ureteric calculus removal is noted (1). This is the first reported case of ureteric calculus managed by ureteroscopic removal.

### 4. Conclusion

These stones should be promptly treated as they will accelerate the renal deterioration. Minimally invasive procedures are preferred, and open surgery is reserved for refractory cases where newer procedures failed. Endoscopic procedures can be challenging (5), due to the absence of normal, familiar anatomic landmarks. Such a case has not been mentioned in literature so far.

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