PARIPEX - INDIAN JOURNAL OF RESEARCH | Volume - 11 | Issue - 07 | July - 2022 | PRINT ISSN No. 2250 - 1991 | DOI : 10.36106/paripex

ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

RARE CASE PRESENTATION OF URINARY RETENTION

KEY WORDS: urinary retention,cochleate uterus,cervix pushing against bladder

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ABSTRACT

Rare Case Presentation Of Urinary Retention

INTRODUCTION

Acute retention of urine is inability to achieve complete bladder emptying by voluntary micturition. Physiologically micturition requires co-ordinated bladder contraction and outlet relaxation with sustained detrusor contraction to achieve complete bladder emptying.(1) Acute retention causes a painful bladder distension.

Incomplete bladder emptying signifies the presence of post void residual(PVR). Pathophysiologically urinary retention could be consequence of one or more of: reduced bladder contractility, poorly sustained detrusor contraction, lack of anatomical outlet, deficient outlet relaxation or impaired neurological coordination of voiding process(2). In Gynaecologic practice urinary retention could be due to gravid uterus,retroversion,incarcerated uteri.(3).OOther knowncauses are lumbar disc herniation,paraurethral abscess,uterine malformation etc. Acute retention of urine is known d ue to gravid uterus when urinary tract gets jammed in the pelvis due to retroversion of uterus.(4).

This is a rare case presentation of urinary bladder due to cochleate uterus

Case Report:

44year/female parity-3 living-3 abortion-1 previous vaginal deliveries tubectomised came with complaints of inability of voiding urine.Patient had a similar episode once in the past just prior to her menses about 2 months back.Patient had no complaints of pain,burning micturition or any major medical or surgical illness section.Patient had regular menstrual cycles of 28-30 days with moderate bleeding (4-5 days) (2-3 pads/ day). Patient had 3 vaginal deliveries, fullterm, uneventful On examination done the general condition of the patient was fair , vital parameters stable. On examination per abdomen abdomen soft nontender with no organomegaly. Per speculum examination an easily visualized cervix was noted,bulky with healthy vagina.Per vaginal examination uterus was bulky corresponding to 8weeks size,acutely retroverted and retroflexed and relatively fixed with cervix pushing against the bladder.Bilateral fornices being free and nontender.Per rectally the uterine fundus could be felt.

Imaging

On USG KUB -suggestive of well distended urinary bladder with no calculus/mass.Pre void volume-460cc.Post void volume-250cc. Suggestive of increased capacity of bladder with urinary retention with possibility of neurogenic bladder On USG Pelvis bulky uterus with intramural fibroid in posterior wall of the uterus 4.4x3.5cm.

Diagnostic Dilemma

Clinical picture was suggestive of completely retroverted and retroflexed cochleate uterus causing urinary retention.

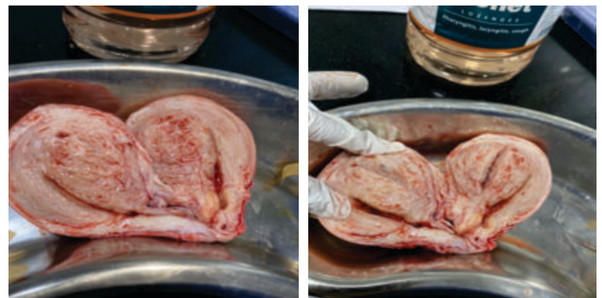
USG KUB was suggestive of neurogenic bladder

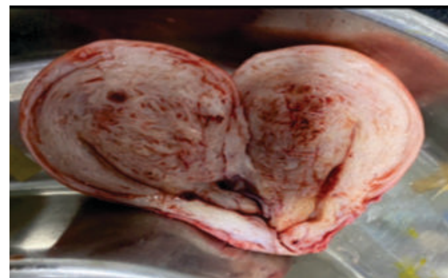
Management

Patient was admitted and catheterized.she was given bladder training for 2 weeks. With cover of urinary antiseptics and treatment in accordance of neurogenic bladder.Patient was not relieved of her symptoms.Patient was followed up with surgical treatment and planned to be taken for hysterectomy considering the ill effects on quality of life affecting her day to day activity,patient discomfort.Intra operatively cochleate uterus bulky in size with cut open specimen showing myofibrotic changes with adenomyosis with thickened myometrium.Post operatively the patient was relieved of her symtoms and the patient was followed up for 2 months.

Patient was completely symptom free with no urinary retention or urinary complaints.

Histopathology reports-ecto-endocervix showing squamous metaplasia,Nabothian cysts with mild papillary chronic endocervicitis.Endometrium showing proliferative phase. Myometrium showing large areas endometrial glands and stroma entrapped within benign interlacing smooth muscle fibres suggestive of adenomyoma with no evidence of necrosis,atypia,mitosis and malignancy





DISCUSSION

The case depicts a rare case presentation in gynaecological practice with urinary retention due to retroversion and retroflexed cochleate uterus. The uterus being angulated in such a way that the uterine fundus could be felt per rectally and the cervix were at the same plane with cervix pushing against the urethrovesical junction against the pubic bone that caused retention of urine due to which the patient was unable to void.This had affected the patients quality of life causing much discomfort to the patient. Hence the surgical modality of treatment was chosen. Patient was relieved of her symptoms and was followed up after 6 months.

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