

Urinary Bladder Calculi: Quackery Enhances Misery

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Citation

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Abstract

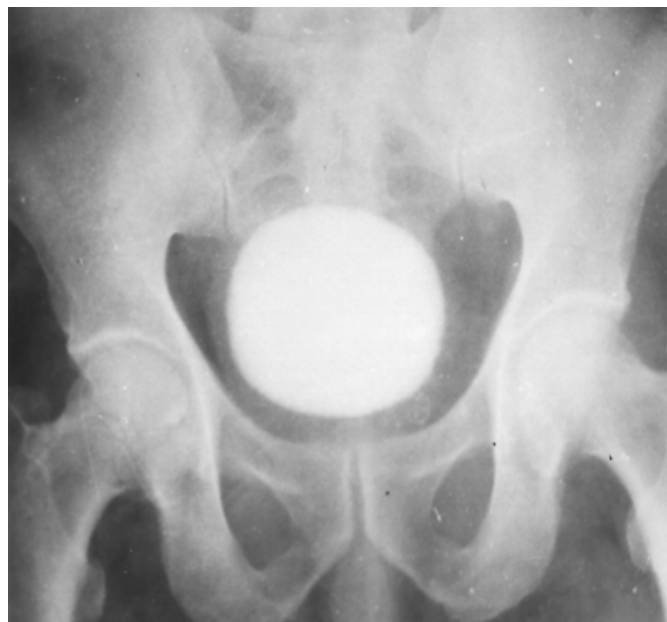
Urinary bladder calculi accounts for 5% of urinary calculi and usually occur because of foreign bodies, obstruction or infection¹. There appears to be a significant association between bladder calculi and formation of malignant bladder tumors. There are a number of techniques and modalities available to remove bladder stones. We report about a 39 yrs male who presented with complaints of recurrent urinary tract infection.

CASE REPORT

A 39 year old male presented with complaints of recurrent urinary tract infection and perineal discomfort for last 5 yrs. On per rectal examination there was a hard mass in bladder suggestive of calculus. Routine examination revealed multiple RBCs and sterile urine. X-Ray pelvis confirmed giant bladder stone filling the pelvic cavity mimicking cystogram (Fig-I).

Figure 1

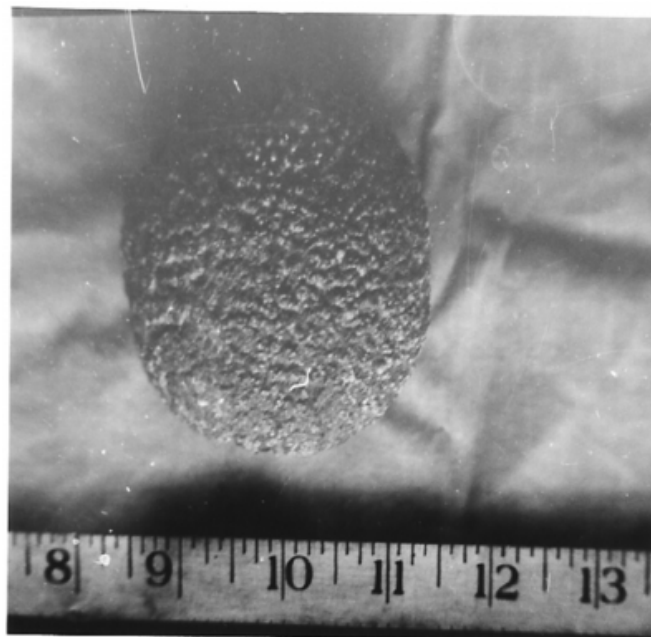
Figure 1: Plain X-ray pelvis showing giant stone in bladder area.



Cystoscopic examination didn't show any bladder outlet obstruction. Cystolithotomy was done and a 460gm stone was removed (Fig-2).

Figure 2

Figure 2: Stone removed after cystolithotomy.



Biochemical examination showed triple phosphate calculi. Research of common etiology such as vesical neck stricture, prostatic hypertrophy, urethral stricture and bladder diverticula was unsuccessful. But two phenomenon came out from this etiological investigation: patient was aware of stone for last 5 yrs and was on some indigenous system of medical treatment and patient was having phobia of surgery.

DISCUSSION

Giant bladder calculi are rare in modern urologic practice². In tropical countries like India with various medical systems e.g Ayurvedic, homeopathy, unani system, allopathy etc,

there are so many quacks who claim to dissolve the stone with medicine and keep patients in dark for long, enhancing their morbidity. Secondly many patients have phobia of surgery due to incomplete knowledge, which adds difficulty to patient as well as surgeon.

The present case highlights certain facts.

- To make general practitioners sensitive to this early signs of the disease in order to provide their patients a precocious and better care.
- General practitioners should not only insist but force such patients to surgeons at earliest.
- In spite of advances in literacy, and medicine

sometimes patients own view about disease and surgical phobia may turn his mild problem into misery.

- Modern modalities like lithotripsy are likely to fail in such giant stones.

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