

## Images in...

## Urethral obstruction secondary to an intraprostatic stent

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## DESCRIPTION

An 82-year-old male presented to the Emergency Department secondary to urinary incontinence. He was systemically well. He had a background of prostate cancer diagnosed and treated with brachytherapy 17 years ago. He reported having undergone a cystoscopic procedure 3 years ago for treatment of acute urinary retention. Since this procedure, he had suffered from progressively worsening urinary incontinence. All prior medical treatment was in a foreign country.

Renal function was within normal limits. His PSA was measured at <0.02 ng/ml. Bladder scan showed

approximately 100 ml of urine within the bladder. Attempts at urethral catheterisation failed. Plain film of the abdomen showed a grossly calcified intraprostatic urethral stent (figure 1).<sup>1</sup> He proceeded to undergo laser destruction of his heavily calcified intraprostatic stent. There was no evidence of prostatic tissue ingrowth or bladder mucosal abnormality. The stent dislodged intra-operatively and migrated to the bladder. It was removed via a suprapubic cystotomy (figures 2 and 3). He made a good postoperative recovery. His urinary incontinence persisted and was managed with containment devices. He refused any further intervention.



**Figure 1** Plain film of the pelvis showing a calcified intraprostatic stent overlying the pubic symphysis.



**Figure 2** The calcified intraprostatic stent is shown, measuring approximately 2.5 cm in length. The area which was lasered is clearly evident.



**Figure 3** The calcified intraprostatic stent is shown, measuring approximately 2.5 cm in diameter. The area which was lasered is clearly evident.

**Competing interests** None.

**Patient consent** Obtained.

#### REFERENCE

1. **Perry MJ**, Roodhouse AJ, Gidlow AB, *et al*. Thermo-expandable intraprostatic stents in bladder outlet obstruction: an 8-year study. *BJU Int* 2002;**90**:216–23.

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