

The bladder or not the bladder that is the question!

Rozh Jalil,¹ Kaniz Akter Jahan,² Andrew Brodie,² Jas Kalsi²

¹Department of Surgery and Cancer, Imperial College London, London, UK

²Department of Urology, Heatherwood and Wexham Park Hospital Trust, Slough, UK

Correspondence to

Rozh Jalil,
rozhh6@yahoo.com

Accepted 10 August 2014

DESCRIPTION

We present a case of a 44-year-old woman who underwent a percutaneous patent foramen ovale (PFO) repair. The procedure was complicated by a retroperitoneal bleeding secondary to accidental puncture of the right iliac artery. Following the procedure the patient became hypotensive and complained of severe abdominal pain. She had an urgent CT scan which showed 11×8×9 cm haematoma (figure 1). She was treated conservatively; however, she was admitted repeatedly for urinary retention as the haematoma was displacing the bladder to the left (figure 2A). The haematoma was assessed for suitability of drainage, however, it was noted to be solid and the risk of infection postaspiration would be too high.

PFO is a common type of atrial septal defect but often goes undiagnosed due to lack of symptoms. Stroke remains the main indication for intervention. Surgical treatment is indicated when medical treatment fails. Percutaneous technique for PFO repair was introduced in the 1990s.¹

The CT scan showed that the haematoma is mimicking the urinary bladder in retention (figure 2A, B). A bladder scan or an ultrasound would confuse this haematoma with a full bladder, with possible disastrous consequences if attempts at urethral catheterisation failed and a supra pubic catheter was opted for.



Figure 1 CT scan showing a haematoma in the right side of the pelvis.

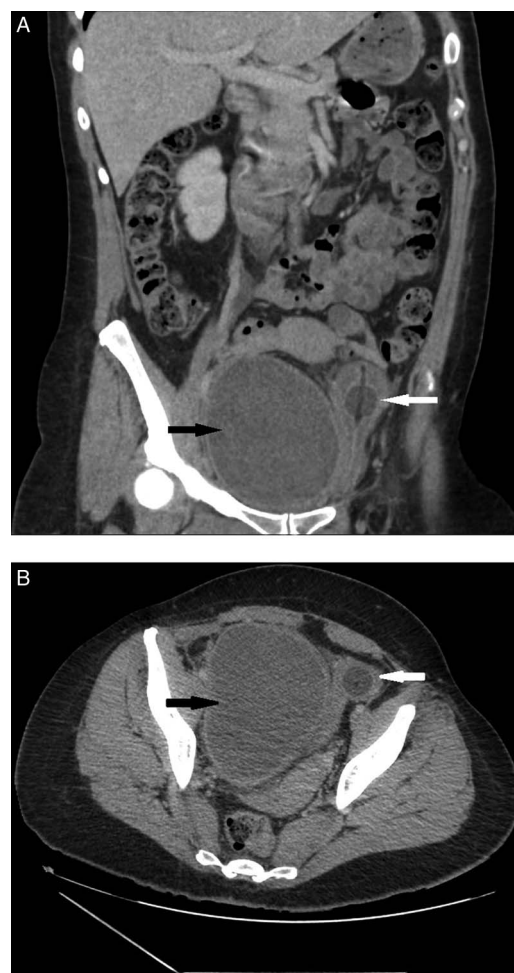


Figure 2 (A) Postprocedure CT scan showing haematoma on right side (black arrow) and the bladder on the left (white arrow). (B) CT scan showing haematoma (black arrow) and catheterised bladder with balloon (white arrow).

Learning points

- ▶ Haematoma is a recognised complication in minimal access surgery.
- ▶ We reiterate the importance of thorough history taking in an acute setting.
- ▶ Radiological investigation is the key when diagnosis is not clear.



CrossMark

To cite: Jalil R, Jahan KA, Brodie A, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2014-206316

Contributors RJ was involved in the first draft of case report and edit imaging. KAJ has helped in drafting case report, edit imaging and consent. AB drafted the report and carried out literature search. JK is responsible for supervision and final report.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCE

- 1 Bridges ND, Hellenbrand W, Latson L, *et al*. Transcatheter closure of patent foramen ovale after presumed paradoxical embolism. *Circulation* 1992;86:1902–8.

Copyright 2014 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow