

Images in...

## Size does matter

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## DESCRIPTION

Urethral calculi could be either classified as either primary or secondary calculi based on their origin. Primary calculi form in the urethra, whereas secondary calculi have their origin elsewhere in the urinary tract.<sup>1</sup> True primary calculi

are rare and they mostly form in prostatic and membranous part of urethra.<sup>2-3</sup> Secondary urethral calculi most commonly form in the bladder. Bladder calculi less than 10 mm usually pass spontaneously but larger calculi usually get impacted on usually along the posterior urethra, the most common site of impaction and obstruction due to a secondary calculus.<sup>3</sup>

We present an unusual case of a 52-year-old Caucasian man who presented to us with sudden onset of urethral colic and acute urinary retention secondary to a large calculus measuring 20 mm×8 mm×8 mm impacting on the external urethral meatus (anterior urethra) (figures 1A and 1B). This patient was previously diagnosed with a right-sided renal calculus based on ultrasound scanning of his urinary tract measuring 7 mm×3 mm. This calculus was removed in the emergency department, which alleviated his symptoms. The patient subsequently underwent further investigations in the form of Cystoscopy, retrograde cystourethrogram, renal ultrasound and intravenous urography and was cleared of any other calculi.



**Figure 1(A,B)** Large urethral calculus measuring 20 mm×8 mm×8 mm.

## Learning point

- This report highlights that not all the secondary urethral calculi originating from the bladder impacts in posterior urethra. These can also get impacted in the anterior urethra.

**Competing interests** None.

**Patient consent** Obtained.

## REFERENCES

1. Koga S, Arakaki Y, Matsuoka M, *et al.* Urethral calculi. *Br J Urol* 1990;**65**:288–92.
2. Amin HA. Urethral calculi. *Br J Urol* 1973;**45**:192–5.
3. Fowler C. Hydrocele. In: Russell RCG, Williams NS, Bulstrode CJK, eds. *The urethra and penis. Bailey and love's short practice of surgery*. 24th edn. London: Hodder Arnold, 2004:1396.

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