The bladder or not the bladder that is the question!

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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.

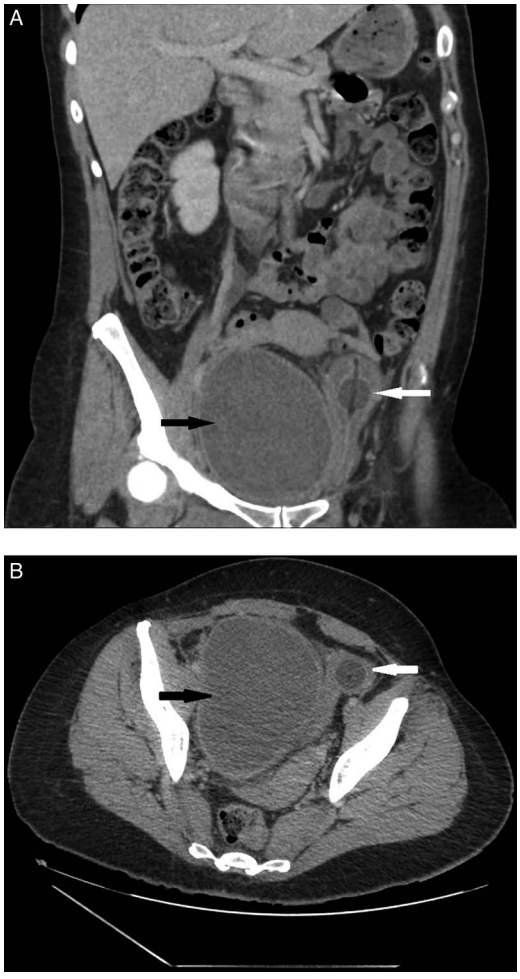

Figure 2 (A) Postprocedure CT scan showing haematoma on right side (black arrow) and the bladder on the left (white arrow). (B) CT scan showing haematoma (black arrow) and catheterised bladder with balloon (white arrow).

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.

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Competing interests None.

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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.