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). 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 supravulcystotomy (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.
Competing interests  None.

Patient consent  Obtained.

REFERENCE

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