CASE REPORT

Recurrent bladder extrophy following cystolithotomy

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Case report

An 8-year-old girl with a repaired bladder extrophy and continued urinary incontinence after bladder neck reconstruction was referred for further management. She had severe mental retardation and re-operative bladder neck surgery was not recommended. Subsequently, she developed a massive bladder stone (Fig. 1) for which open cystolithotomy was performed under appropriate antibiotic cover. Three weeks later, the bladder dehisced completely which could be best described as a recurrent extrophy. She did not return for a follow-up examination for 1 year, when extensive squamous metaplasia of the extrophy was noted (Fig. 2). The ureteric orifices were stenotic and ultrasonography showed bilateral ureterohydronephrosis when previously the kidneys were normal. Cystectomy with double-barrelled ureterostomy was performed, after which her progress was satisfactory.

Comment

The management of female bladder extrophy entails closure of the bladder with or without osteotomy followed by an incontinent interval. Subsequently, bladder neck reconstruction is undertaken to provide continence, but reoperation is sometimes necessary [1]. This was not considered advisable in the present patient with severe mental retardation and continuing incontinence, as she would not have permitted clean intermittent catheterization.

Patients with repaired extrophy are prone to bladder calculi, usually secondary to poor bladder emptying, uri-

Fig. 1. Abdominal radiograph showing the large bladder stone.

Fig. 2. Recurrent bladder extrophy with severe squamous metaplasia.

References


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