PAMJ Clinical Medicine
Pan African Medical Journals

Images in medicine

When the bladder looks like a balloon!

Hatim Jroundi[1,&], Mustapha Ahsaini[1]

[1]Department of Urology, Hassan II University Hospital Center, Sidi Mohammed Ben Abdellah University, Fez, Morocco

[&]Auteur correspondant: Hatim Jroundi, Department of Urology, Hassan II University Hospital Center, Sidi Mohammed Ben Abdellah University, Fez, Morocco

Received: 10 Mar 2020 - Accepted: 16 Mar 2020 - Published: 17 Mar 2020

Domain: Physical medicine and rehabilitation or Physiatry, Neurology (general), Urology

Key words: Distended bladder, Parkinson disease, self-intermittent catheterizations

Images in medicine | Volume 2, Article 118, 17 Mar 2020 | 10.11604/pamj-cm.2020.2.118.22290

Available online at: https://www.clinical-medicine.panafrican-med-journal.com/content/article/2/118/full

Images in medicine

Lower urinary tract symptoms associated with Parkinson's disease are frequent, they affect a third of patients suffering from this disease. Dysuria, overactive bladder, and urinary incontinence are the main urinary symptoms of this disease. Etiopathogenesis in humans is often multifactorial, it can be neurogenic and obstructive due to the prevalence of prostatic hyperplasia in the age group where Parkinson's disease occurs. A 68-year-old man with a history of Parkinson's disease and prostatic hyperplasia, consulted the emergency department for deterioration in general condition associated worsening of dysuria and progressive increase in abdominal volume. On physical examination, he was hemodynamically stable with a distended hypogastrium. The laboratory tests were normal except for a creatinine level at 100 µmol/l. The abdominal and pelvic computed tomography (CT) scan showed bilateral hydronephrosis upstream of a distended bladder occupying the entire pelvic region and reaching the kidneys (A, B), with a balloon-like bladder appearance on the coronal and sagittal sections (C, D). A transurethral probe was placed having brought back 5l of clear urine, the urine culture was sterile, and the patient was put on oral rehydration with good progress. A month later, the urodynamic test showed a hyposensitive and hypoactive bladder. Self-intermittent catheterizations were prescribed to the patient because his Parkinson's disease was well controlled and he had minimal tremors.

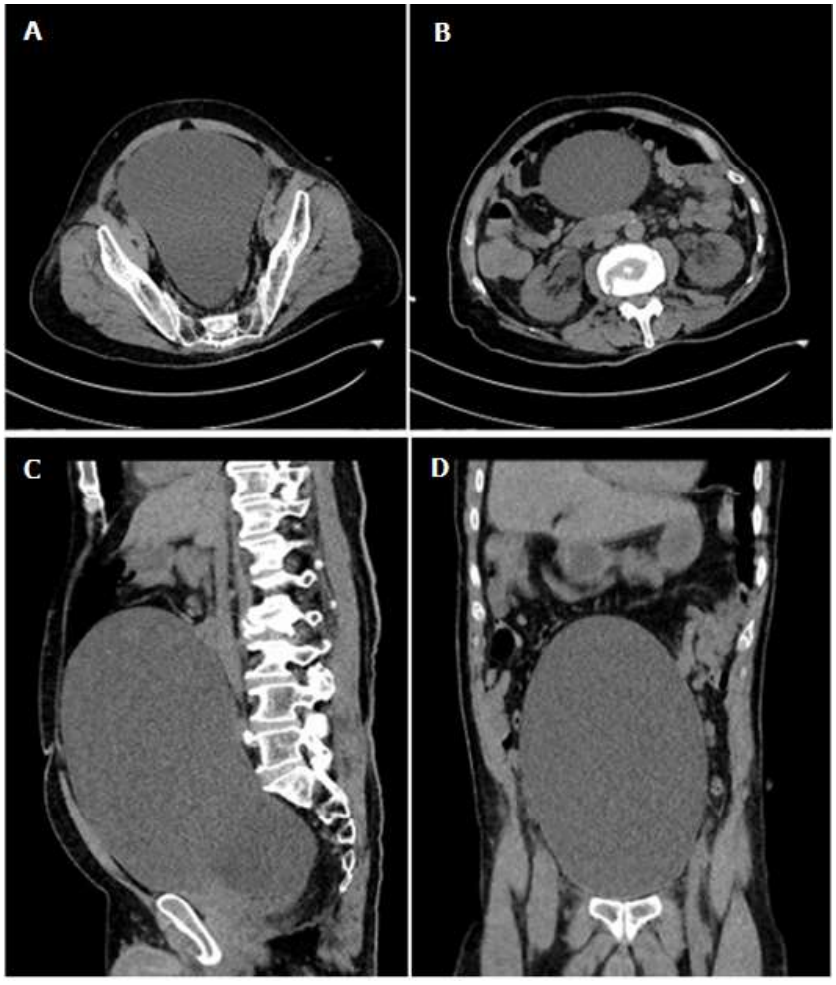

Figure 1: abdominal and pelvic CT showing a bladder with a balloon-like appearance, occupying the entire pelvis and reaching up to the level of the kidneys with bilateral hydronephrosis; A and B: axial sections; C: sagittal section; D: coronal section