

Large Intraperitoneal Loose Body Causing Strangury

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ABSTRACT

Large intraperitoneal loose bodies are very rare and still rarer is the acute condition like strangury caused by it. We report a rare case of large intraperitoneal loose body causing strangury and acute retention of urine. The preoperative radiological investigations were confusing and the diagnosis could only be confirmed by surgery.

Key words Intraperitoneal loose body, Strangury, Cystotomy.

INTRODUCTION:

The large intraperitoneal loose bodies (ILB) are very rare and still rarer is the acute condition like strangury, caused by it.^{1,2} ILBs are occasionally found at laparotomy and autopsy but are usually small in size like peas.¹ The most common origin of ILB is appendix epiploicae. Large size is achieved by the accumulation of peritoneal serum on these bodies. Following chronic torsion small calcified epiploicae may become detached from the colon and appear as peritoneal loose body or peritoneal mouse in the abdominal cavity.^{3,4} Herein one such case is presented.

CASE REPORT:

A Seventy year old man was admitted through emergency room with history of severe strangury leading to acute retention of urine. He had dysuria for the last fifteen days. Physical examination did not reveal any positive finding. On digital rectal examination grade 1 prostate and a firm, globular, mobile mass was palpated anteriorly in the bladder region. Plain x-ray abdomen showed a round and faint radio opaque shadow in the bladder area. Clinical diagnosis of large urinary bladder calculus was made. The ultrasound revealed no stone in the urinary bladder. Emergency suprapubic cystostomy was performed but there was no stone in the urinary bladder; however a firm mass was palpable behind the posterior wall of the urinary bladder. Urinary bladder was closed and exploratory laparotomy was performed. A large, whitish, round, glistening, smooth

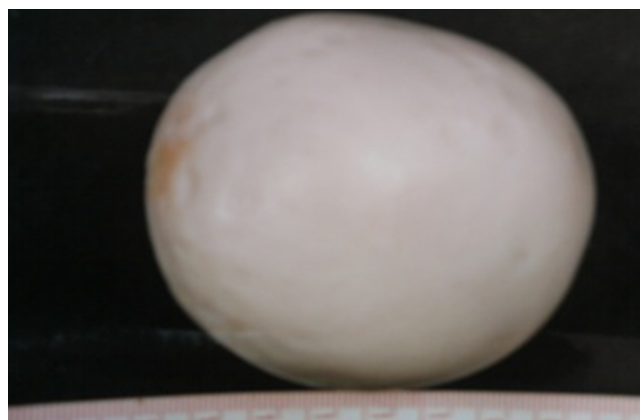


Fig. I : Large intraperitoneal loose body.



Fig. II: Cross section of large intraperitoneal loose body

and firm mass about 7 cm in diameter found (Fig. I, II). It was lying freely in the rectovesical pouch. The histopaththological examination confirmed it as intraperitoneal loose body, having concentrically layered acellular hyalinised fibrinous material showing no cellular components or any nidus, calcification and parasites.

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DISCUSSION:

Large ILB causing acute urinary symptoms is one of the rarest presentations. Only few cases are found in literature.^{2,5} There may be many calcified mobile lesions in the abdominal cavity like calcified pedunculated myoma uteri, mesenteric lymph nodes and urinary stones. Generally plain x-ray, ultrasound, CT scan, MRI and barium enema have been used in differentiating these lesions. In the present case, however the diagnosis could not be made using plain x-ray and ultrasound. ILBs have been diagnosed as intrapelvic neoplasms in spite of using all the above mentioned investigations. This shows the pitfalls and limitations in the diagnosis of ILB.

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