

Urinary Bladder Distension Presenting with Lig Edema Duo to Venous Obstruction

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Letter to the Editor

An 89-year-old non-diabetic caucasian man, diagnosed of benign prostatic hyperplasia for several years and treated with Tamsulosine. He was presented with a one week history of incontinence at night

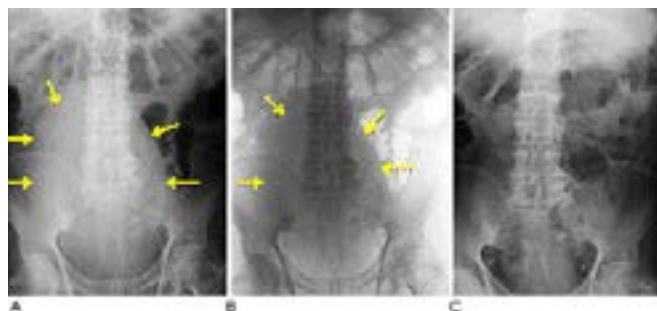


Figure 1: We present an 89-year-old non-diabetic caucasian man, who was admitted to the emergency room with bilateral pitting edema up to mid leg and a large abdominal mass extended out of the pelvis just below the xiphisternum, with the diagnosis of distended urinary bladder.

without strangury, painless increasing abdominal distension and leg edema bilaterally. On admission, he was tachycardic. He had bilateral pitting edema up to mid leg. A large abdominal mass extended out of the pelvis just below the xiphisternum. The mass was dull to percussion and tender on palpation. All other examinations were normal. Blood test results revealed a renal impairment (urea 68 mg/dL, creatinine 3.2 mg/dL) and a normal PSA level (1.8 ug/L). A simple abdominal X-ray was ordered and showed a large hyperdense and well-delimited image above the level of the umbilicus (exactly at the level of L1-L2) with effacement of both psoas lines (Panel A and B). Because distended urinary bladder was suspected, a Foley catheter was inserted which yielded 9000 ml of clear urine (Panel C). On the following day his leg edema had decreased markedly. Abdominal ultrasound examination showed no hydronephrosis. The patient was sent home with the catheter *in situ*. His renal impairment resolved (Urea 35 mg/dL, Creatinine 1.09 mg/dL) on discharge. Bladder urinary distension can compress adjacent structures. It has been known to compress the inferior vena cava and both right and left external iliac veins. This can account for the lower limb edema found in our case. His urinary symptoms were minimal, leading to his diagnosis by physical and radiological assessments. A high index of suspicion must be maintained for prompt diagnosis and to avoid improper management.

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