

Obstructive Urethral Catheter Without Acute Renal Failure

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A 64-year-old man complained of 5 days of worsening lower abdominal and bilateral flank pain, which started after insertion of a 16-French Foley catheter for urinary retention. He regularly drained the Foley bag, which had a pink discoloration. He had moderate pain in the bilateral lower abdominal quadrants and mild bladder distension. Genitourinary examination and laboratory results were unremarkable, but urinalysis revealed high red and white blood cell counts. Computed tomographic images of his abdomen and pelvis demonstrated moderate bilateral hydronephrosis and hydroureter. The catheter tip (image A and image B, arrows) was inferior to the bladder neck, and the catheter balloon was located within the prostatic urethra. The catheter was immediately removed and replaced with a 24-French Foley catheter, resulting in 800 mL of urinary output and improvement of the patient's symptoms.

Mechanical obstruction by a urethral catheter as a cause of urinary obstruction without signs of acute renal injury is rare but has been discovered on

computed tomography images in patients with elevated serum creatinine concentrations.^{1,2} Urinary output without proper catheter positioning can persist if the catheter tip is located beyond the membranous external urethral sphincter.³ The patency and proper placement of urinary catheters should be confirmed in the presence of lower abdominal or flank pain even without signs of acute renal failure. (doi:10.7556/jaoa.2014.183)

References

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