

## Case Report

# Giant urethral calculus associated with urethrocutaneous fistula: a case report

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### ABSTRACT

Urethral stones in men are rare clinical entity and most of them migrate from urinary bladder. Giant urethral calculi are extremely rare. This report describes the case of 62 year male patient presenting with giant bulbar urethral calculus associated with urethrocutaneous fistula.

**Keywords:** Giant urethral calculus, Urethrocutaneous fistula, Perineal urethrotomy

### INTRODUCTION

Urethral stones are commonly associated with urinary tract calculi and underlying diverticulum or stricture urethra.<sup>1</sup> Urethral calculus represent less than 1% of all urinary stones diseases.<sup>3</sup> Giant urethral calculi occur in males and rarely in female.<sup>4</sup> This report describes the case of a giant urethral stone impacted in the bulbar urethra and remove by external urethrotomy.

### CASE REPORT

A 62 year- old male patient presented in the surgical ward with a swelling in the scrotum extending to perineum and dribbling of urine through an opening of scrotal skin formed an urethrocutaneous fistula for 15 days duration. The patient reported a history of incision and drainage for periurethral abscess 12 years back. On physical examination a painless mass of size 5cm x 4 cm x 3.5 cm was palpable at anterior perineum. Examination also revealed a urethrocutaneous fistula (Figure 1). Old scar mark was noted in perineum. General physical examination did not reveal any abnormality. Routine blood tests and renal function tests were normal. X-ray pelvis – showed a large calculus in the bulbar urethra

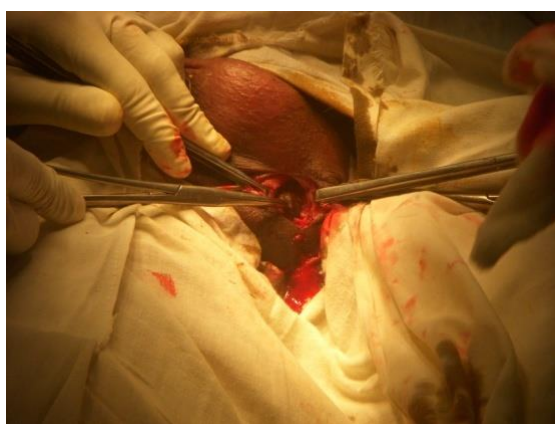
(Figure 2). X-ray KUB region and Ultrasonography of abdomen were reported as normal. A calculus was removed under LA, with adequate monitoring and vigilance by perineal urethrolithotomy (Figure 3). It measures 5 cm x 4 cm x 3.5 cm and weight 95 gm (Figure 4). The calculus was found impacted in bulbar urethra. Urethra was repaired in two layers over a foley's catheter which was removed after 14 days. The postoperative period was uneventful.



**Figure 1: Pre-operative picture giant urethral stone with urethrocutaneous fistula.**



**Figure 2: X- ray pelvis showing a giant urethral calculus.**



**Figure 3: Per-operative photograph showing an impacted calculus in bulbar urethra.**



**Figure 4: Post-operative photograph of a giant urethral calculus.**

## DISCUSSION

Urethral stones are rare form of urolithiasis accounting for less than 1% of all urinary stones diseases.<sup>5</sup> Urethral stones are classified as (a) primary or native and (b) secondary or migrant depending upon the site of origin. Urethral calculi are usually small, but giant stones have been also reported. Management of urethral calculi varies according to the site, size, and associated urethral disease. Retrograde manipulation into the urinary bladder followed by litholapaxy or lithotripsy is a suitable procedure for small urethral calculi. Anterior urethral calculi can be removed with instillation of 2% lignocaine jelly. Ventral meatotomy or urethrosopic method.<sup>6</sup> The treatment of choice for an impacted large calculus in the bulbar urethra is perineal urethrotomy with urethroplasty.

## CONCLUSION

Although rare, a giant urethral calculus should be considered in the differential diagnosis of a urethral mass and perineal urethrotomy is the treatment of choice for an impacted giant bulbar urethral calculus.

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