

Displacement of the Urinary Catheter Mimicking Bladder Rupture

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Fig. 1. Abdominal computed tomography shows a Foley catheter tip (white arrows) seen as migrating into an intraperitoneal space from bladder adjacent to the fracture of the right superior ramus with extraperitoneal hematoma. (A) Axial view and (B) Coronal view.

A 46-year-old woman had multiple pelvic fractures after blunt trauma. Physical examination revealed no peritoneal irritation sign except for suprapubic tenderness with gross hematuria. Computed tomography (CT) revealed that a Foley catheter seemed like migrating into an intraperitoneal space without intraperitoneal fluid collection (Fig. 1). And then, retrograde cystography followed for the definite diagnosis of bladder injury and demonstrated normal integrity of the bladder (Fig. 2). It seems like that the displaced Foley catheter within the collapsed bladder have confused as positioning out of bladder. Patients with disruption of the pubic symphysis, pubic rami, or an unstable pelvic fracture have a high incidence of concomitant bladder trauma [1]. CT in diagnosing traumatic bladder rupture is low accuracy compared with retrograde cystography [2]. A correct procedure, such as gently pulling a urinary catheter until inflation balloon is snug against the bladder neck, might prevent the unnecessary study like this case.

Received April 19, 2018,
Revised July 23, 2018,
Accepted July 24, 2018

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Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

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ISSN 2288-5862(Print), ISSN 2288-9582(Online)

<https://doi.org/10.17479/jacs.2019.9.1.27>



Fig. 2. A retrograde cystography shows normal distension of the urinary bladder filled with contrast and the balloon of the urinary catheter placed in bladder.

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