

Giant Bladder Stones

A 64-year old patient presented in hospital with abdominal discomfort. Seven years before the patient had undergone radical cystectomy for invasive bladder cancer with orthotopic bladder reconstruction. A large medial hernia and two solid masses that rub together were palpated in the lower abdomen. A computed tomography (CT) scan of abdomen shows into the neo-bladder two big stone formations of 6 cm and 9 cm (Figure 1). He underwent to a median suprapubic neo-cystolithotomy (Figure 2). The most common long term complications in patients with ileal neobladder are metabolic acidosis, chronic urine retention, hernia and stone formation in the upper and lower urinary tract. In patients with adequate follow-up, stones can be identified and removed before they cause major symptoms. Symptomatology is often very subtle and nonspecific but commonly presents with irritative lower urinary tract symptoms, pain and hematuria. For this reason, in some cases the stone can become quite large without the patient being aware. Surgery is currently the gold standard of care and, depending on the size of the stone, we can use either trans-urethral lithotripsy or cystolithotomy.

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Figure 1. A computed tomography (CT) scan of abdomen shows into the neo-bladder two big stone measuring 6 and 9 cm.



Figure 2. The removed neobladder stones during neo-cystolithotomy.

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