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Images in emergency medicine

Transurethral catheter in the distal ureter as a cause for acute abdominal pain

Marc Maegele, Uwe Gruetzner, Dirk Wenzel

A 86-year-old woman was admitted to the emergency department with clinical signs of an acute abdomen. Pain emanated from the left lower abdominal quadrant and bowel sounds were absent. Accompanying symptoms included fever, nausea and vomiting. Laboratory findings indicated leucocytosis, an increased amount of C-reactive protein and a positive urine status. Computed tomography (CT) of the abdomen (fig 1) showed a blocked transurethral bladder catheter in the left distal ureter (a) causing an obstruction in renal outflow with subsequent ureteral dilatation (b) and renal swelling (c). Catheter replacement, renal flushing together with intravenous antimicrobial treatment modified to incoming results from urine cultures improved the patient's symptoms. Laboratory findings returned to normal and the patient was discharged 3 days later free of symptoms. In the present case, obstruction of renal outflow by a blocked catheter in the distal ureter resulted in pyelonephritis with subsequent paralytic ileus and acute abdomen.

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Figure 1 Abdominal CT showing a blocked transurethral bladder catheter in the left distal ureter (a) causing an obstruction in renal outflow with subsequent ureteral dilatation (b) and renal swelling (c).