Giant vesical calculus of 1125 grams in an Indian

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Case report

Patient presented with complaints of pain in lower abdomen since last 8 months, difficulty and burning during micturation for the last 5 months. He had past history of recurrent urinary tract infections for which he took medication from local rural practitioner. There was history of passage of blood in urine on different occasions. A non-tender, firm lump was palpable in the hypogastric region. Per rectal examination revealed a hard and mobile mass.

Routine examination of urine detected multiple RBCs and WBCs and the urine culture grew *E. coli* sensitive to amikacin and ofloxacin. Hemogram 10.4 g, TLC 8500 cell/cumm, blood urea 48.9 mg/dl, serum creatinine 1.5 mg/dl. Plain radiograph of the KUB region showed a large radio-opaque shadow in the pelvis (Fig. 1).

Suprapubic extraperitoneal cystolithotomy was done and a blackish brown hard stone (Fig. 2) weighing 1125 g, with fragile scaling surface was removed.

Biochemical examination showed a phosphates, oxalates calcium.

Discussion

Most of the vesical calculi are composed of triple phosphate, calcium carbonate, and calcium oxalate. Becher et al. have reported a giant uric acid vesical calculus of 235 g with a minor component of asymmetrical calcium oxalate [1].

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Fig. 1 A very large calculus completely obliterating the urinary bladder cavity

Fig. 2 The calculus weighing 1125 g

Various surgical modalities are available for vesical calculi which include open surgical removal, extracorporeal fragmentation and endoscopic crushing followed by extraction of pieces but in giant vesical calculi it is preferable to avoid extracorporeal shock wave lithotripsy where open surgical treatment still remains the treatment of choice.

References

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2. Harrison JH, et al. (1978) *Campbell's urology*, 4th edition. Philadelphia WB Saunders Co.; 853–854