

Inadvertent Antegrade Urethral Placement of a Suprapubic Catheter

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Abstract

Presentation

A 55-year-old male patient with neuropathic bladder secondary to multiple sclerosis (MS) presented to the Emergency Department (ED) with abdominal pain and no output from his suprapubic catheter (SPC) that was changed 24 hours previously.

Diagnosis

On examination, the SPC-tip was clearly visible at the external urethral meatus.

Treatment

The patient was managed by gently deflating the anchoring balloon, exchanging the SPC and a period of observation to ensure adequate catheter drainage.

Conclusion

Important learning points from this case are to observe urine draining after routine SPC change and to examine the genitalia when a misplaced SPC is suspected.

Introduction

In neuropathic bladder, when planning a long-term indwelling catheter, the suprapubic route is often favoured due to its relative comfort¹. However, the small capacity in neuropathic bladders may predispose to catheter misplacement². Previous reports describe inadvertent antegrade urethral insertion of SPC^{3,4} diagnosed by retrograde urethrography. We describe a unique case diagnosed by physical examination.

Case report

A 55-year-old male presented to the Emergency Department (ED) with no output from his suprapubic catheter (SPC) for 1-day and associated lower abdominal pain. He had a long-term indwelling SPC due to neuropathic bladder secondary to multiple sclerosis. Twenty-four hours previously, his SPC was changed by a local physician.

On examination, the patient had significant penile pain and the SPC-tip was clearly visible at the external urethral meatus (Fig, 1). The anchoring balloon was gently deflated and the SPC was exchanged. Bleeding and discomfort settled, 2-litres of clear urine drained, and the patient was discharged well.

Figure 1: Antegrade urethral placement of suprapubic catheter



The catheter was advanced through the suprapubic tract and inadvertently into the proximal urethra with inflation of the anchoring balloon. The catheter tip is clearly visible at the external urethral meatus indicating that the suprapubic catheter is misplaced.

Discussion

An important learning point from this case presentation is to observe urine draining after routine SPC change. Furthermore, if the SPC is not draining, examine the genitals to rule out antegrade urethral catheter insertion. Finally, if the SPC is misplaced; gently deflate the anchoring and balloon and replace with care.

Declaration of Conflicts of Interest:

The authors confirm they have no conflicts of interest to declare.

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