

# AN UNUSUAL COMPLICATION OF SUPRAPUBIC PUNCTURE

Pages with reference to book, From 205 To 206

U. Osime ( Department of Surgery, University of Benin Teaching Hospital, Benin City, Nigeria. )

## Abstract

An unusual complication of suprapubic puncture for the relief of acute retention of urine in which the aspirating needle got embedded in the middle lobe of the prostate gland is described (JPMA 37: 205, 1987).

## CASE REPORT

A.K., a 55 year old male who had prostatism for 2 years presented in November 1980 at the University of Benm Teaching Hospital with acute retention of urine. The main clinical findings were a grossly distended tender urinary bladder and slightly enlarged lateral lobes of the prostate on rectal examination. Having failed to pass a Foley or Gibbon catheter per urethram, a suprapubic tap with 40mm 8/1021GX1 1/2 (Figure 1)



Figure 1. Embedded needle in the middle lobe with a similar normal needle.

was carried out obtaining almost a litre of blood stained urine. On withdrawing the needle at the end of the procedure, the distal portion was found to be missing. Both a plain X-ray of the abdomen and intravenous pyelography demonstrated that the needle was embedded in a large middle lobe of the

prostate. During Millin's prostatectomy through a Pfannenstiel incision, the needle was found to be deeply buried in the middle lobe and was easily removed during enucleation (Figure 2).

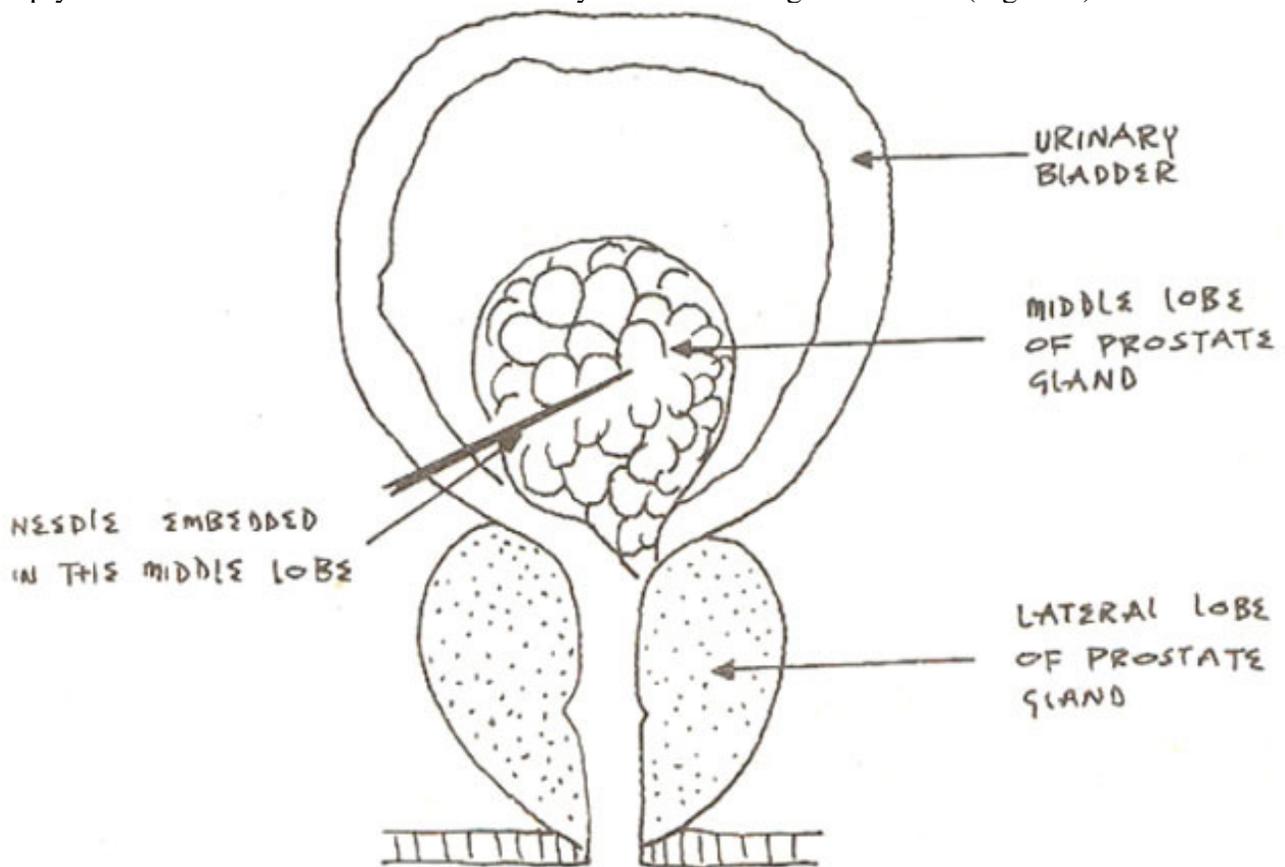


Figure 2. Schematic diagram of operative findings showing an aspiration needle 400mm 8/10 21GX11/2 Buried in a grossly enlarged middle lobe of the prostate gland.

The post-operative period was uneventful. The patient regained normal micturition and has remained well during a 5 years of follow-up.

## DISCUSSION

Acute retention of urine due to benign enlargement of the prostate is common in Nigerian patients after the age of 55 years<sup>1-3</sup>. Majority of the patients get relief from acute retention of urine by the passage of urethral catheter or suprapubic cystostomy<sup>4,5</sup>. When difficulty is experienced in passing a urethral catheter, a suprapubic puncture is a recognised and widely practised procedure to decompress the urinary bladder to ameliorate the associated suprapubic pain. However, infrequent complications such as haemorrhage, intestinal injury, peritonitis and urinary fistula can follow a suprapubic puncture. The patient in this communication in whom an aspirating needle got buried in a large middle lobe of the prostate is a rare complication of suprapubic tap which should be recognised. It seems reasonable to assume that the needle penetrated an unrecognised large middle lobe that was practically occupying most of the urinary bladder. In an attempt to forcibly remove the impacted needle from the middle lobe,

it pulled out from the proximal plastic sheath. Undenormal circumstances, this should not occur as we found it difficult to manually separate the two parts in a similar needle. It can only be surmised that this particular needle was probably defective. However, it is cautioned that there is a possible hazard in using this type of needle when carrying out suprapubic puncture for retention of urine due to a herniated large middle lobe of the prostate.

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