Vesical Fibrin Stone

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Submitted: 01-03-2021 Revised: 09-03-2021 Accepted: 12-03-2021

I. INTRODUCTION

- Vesical fibrin stones are very rare.
- In 1818, Marcet first described the presence of fibrin stones in the urinary tract.
- Vesical "foreign bodies" are usually described fleshy, spongy, non-calcified, and unattached within the bladder lumen.
- It is apparent that persistent urinary infection was present in all instances and those limited to the bladder are associated with either recent or immediate vesical obstruction.1

II. MATERIAL AND METHODS

A 60-years old male patient presented to us with complaints of irritative and obstructive lower urinary tracts symptoms with blood in urine off & on for the last 6 months.

- All blood investigations were normal. Ultrasonography showed a hypoechoic oval mass measuring 45mm by 35 mm in urinary bladder.
- CT Scan showed an irregular heterogeneously enhancing space occupying lesion is seen in posterior wall of urinary bladder. No extravesical extension was seen. The lesion was measuring about 42mm by 30 mm in size.
- Uroflowmetery showed interrupted obstructed flow pattern.
- Cystoscopy showed a free lying soft mass in the bladder area.
- X-ray KUB showed no ROS in bladder area.
- Suprapubic transvesical open surgical removal of the stone was done. The histopathological examination confirmed the diagnosis of fibrin stone.





Volume 3, Issue 2,Mar-Apr 2021 pp 192-194 www.ijdmsrjournal.com ISSN: 2582-6018



III. DISCUSSION

- Vesical fibrin stone or sarcoidopseudolith is a relatively rare condition of unknown etiology. Infection predisposed to by lower urinary tract.2
- The relationship between fibrin stone and transurethral resection of tissue raises the
- possibility of retention of a fragment of resected tissue or blood clot.
- These fragments might then act as a nucleus for the deposition of amorphous fibrin material and consequent formation of fibrin stone.3
- Because of spongy nature of the mass, most of the times endoscopic removal mass is not possible. Suprapubic removal is only option because of its size and consistency.⁴



IV. CONCLUSION

- Vesical fibrin stone or sarcoidopseudolith are associated with urinary tract infection and lower urinary tract obstruction.
- There was history of transurethral resection of prostate in the past.
- Suprapubic removal is only option because of its size and consistency.

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