Title: THE ANDES OF BLADDER STONES

Topic: Endourology

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Introduction: Primary hyperparathyroidism and bladder outlet obstruction (BOO) are distinct conditions associated with bladder stone formation. We present a case wherein 13 cm of bladder stones accumulated in a short interval because of an anatomical and metabolic derangement.

Case Presentation: 60-year-old male with a history of chronic urinary retention (CUR) secondary to BOO due to an enlarged prostate with negative biopsy. His CUR was managed with clean intermittent catheterization (CIC), and he was lost to follow up. The patient presented with difficulty performing CIC. Cystourethroscopy and kidney, ureter, bladder (KUB) xray revealed 13 cm in conglomeration bladder stones which were absent on imaging 30 months prior. Bloodwork revealed calcium >12 and elevated PTH. The patient also exhibited depression, constipation, and abdominal pain related to hypercalcemia. Sestamibi parathyroid scan had increased uptake within a parathyroid adenoma. Osteoporosis was confirmed on DEXA. He underwent an open benign suprapubic 92 gm prostatectomy plus evacuation of 254 gm calcium phosphate bladder stones. The parathyroid adenoma was removed 3 weeks later. On follow up, the patient was voiding well with normal calcium level and resolution of symptoms.

Conclusion: Large bladder stones secondary to a combination of anatomic and metabolic derangements are rare. This case highlights and emphasizes the importance of a multidisciplinary approach to care.

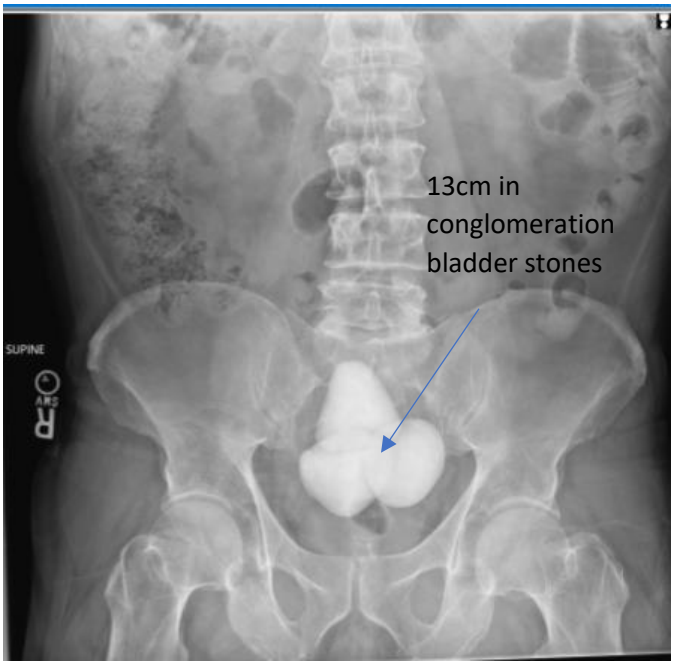


Fig 1. KUB with 13 cm in conglomeration bladder stones at presentation