

A GAUZE SPONGE SPONTANEOUSLY EXPELLED FROM THE URINARY BLADDER¹

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THE case herewith reported is interesting clinically from the standpoint of painful spasm of the bladder, pus in the urine and a palpable mass in the right side of the pelvis; academically because of its rarity; and practically interesting from several standpoints.

In April, 1918, Dr. W., of North Carolina, brought to the Memorial Hospital a young widow, age 34, who had never been pregnant, complaining of violent pain of the vesical tenesmus type, in the middle and both sides of the lower abdomen, radiating to both lumbar regions accompanied by the discharge from the bladder in periods varying from every few minutes to an hour, of foul-smelling pus and

blood mixed with urine. This woman had been perfectly well since childhood except for dysmenorrhœa and some other pelvic symptoms for which she had been operated upon five years ago by a doctor with some experience in surgery in a North Carolina city. She says that her left ovary was removed on account of a cyst, the uterus suspended and the appendix removed. The wound was completely closed without drainage. The operation was successful in relieving her pre-existing menstrual symptoms and she remained in perfect health ever since until the beginning of the present trouble. She has lived the normal life of a well-to-do woman, she is fond of automobile driving and other outdoor sports. Her menses have been regular, painless and otherwise normal; she has not had leucorrhœa, or irritability of bladder, no indigestion, or other symptoms.

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Ten days before admission, quite suddenly and without apparent cause, she was seized with a frequent desire to urinate. She had considerable pain before, during, and after urination, constant pain in the lower abdomen. The urine was foul and contained considerable sediment and was passed a little at a time at intervals of one-half to one hour, night and day. She sought relief immediately and Dr. W. after applying the usual remedies without improvement, brought her in for examination and treatment.

During the night on her trip to the hospital two large doses of morphine and hyoscine had to be administered on account of tenesmus. Upon admission to the hospital the pain was agonizing, the foul odor and frequency of urination were equally embarrassing to her refined and modest temperament. In spite of her fortitude she exhibited a distressing appearance. Her temperature was normal, pulse 90. A thorough examination of her entire body revealed no evidence of disease except in the pelvis and a slight amount of tenderness in the right lumbar region.

Vaginal examination showed tenderness most marked in the region of the bladder. The uterus was in normal position and freely movable. In the right vaginal fornix a distinct mass was palpable and quite tender. Examination of a catheterized specimen of urine showed it to be three-fourths pus. Examination of a filtered specimen showed it to be acid in reaction, containing an abundance of albumin, pus and blood, but no casts or other renal elements. The urine was dribbling away constantly, could not be retained and every half hour or so, coincident with a spasm of the bladder, she would expel sometimes as much as three or four ounces. X-ray examination made the next day showed a slight enlargement of the right kidney, a normal left kidney and a vague diffuse shadow in the true pelvis. No stone was present in any part of the urinary tract and there was nothing characteristic about the shadow in the pelvis. Dr. A. L. Gray, the roentgenologist, was quite satisfied when he saw a specimen of the pus containing urine that this in the bladder could easily account for the shadow in the pelvis. Her temperature the next day was 101°, pulse 100. There was at no time any evidence of kidney colic, nor kidney tenderness.

At this point we were quite puzzled. The mass felt in the right vaginal fornix, of course, felt quite like an enlarged ovary or tube. We frequently see pus in urine in cases of inflammation of a tube and ovary, though I have never seen such pus-containing urine as this, caused by such pathology. Moreover she had no vaginal discharge nor menstrual symptoms indicative of disease of the uterus, tubes or ovaries. I tried for two or three days to urge myself into making a cystoscopic examination but the agonizing pain which the woman suffered at all times and especially whenever her bladder contained as much as two or three ounces, caused me to believe it would not have been made without a general anæsthetic, and I continued to postpone it from day to day. With the usual drugs directed to the relief of vesical tenesmus, no relief was obtained and even with morphine sometimes combined with atropine and with hyoscine, there was no relief for more than two hours. Several vaginal examinations revealed the same mass in the right fornix. We were genuinely puzzled as to whether to do vaginal cystotomy or to operate upon the abdomen, and temporized from day to day. Four days after she came to the hospital she suffered retention of urine and an unsuccessful attempt was made by the nurse to catheterize her. I noticed myself, in using the soft rubber catheter, that it had to be introduced about three inches before urine came. I withdrew a quart of foul pus-containing urine. She continued to suffer the same tenesmus, passing the same kind of urine, though at no time was her temperature above 101° and her pulse ranged from 80 to 110.

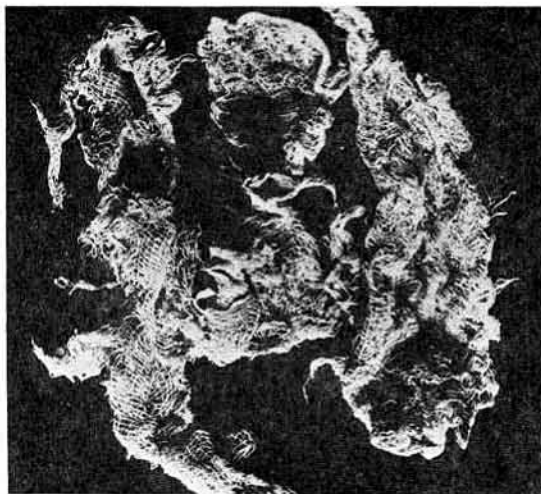


Fig. 1. A gauze sponge 2 inches wide by 10 inches long was spontaneously expelled from the urinary bladder.

Five days later she again had retention and an unsuccessful attempt was made by a nurse to catheterize her. Upon inspection of the meatus I noted a white substance, close examination of which revealed a piece of gauze in the urethra. Twisting this into a rope with my fingers the gauze rag two inches wide and ten inches long here exhibited was removed. Within 12 hours her symptoms were distinctly improved and from day to day the improvement was rapid. In six days she was apparently well, she had no urinary symptoms of any kind, and the urine was clear. Microscopic examination showed only a small quantity of pus. She was walking about and enjoying life as usual. In the meantime a perfectly normal menstrual period had appeared, lasted four days, and ceased. Five days after removing the sponge a cystoscopic examination, painlessly made, showed no evidence of any foreign material in the bladder and no cystitis. The only evidence that the bladder had ever been diseased was shown by a small area to the left of the right ureteral orifice which looked like an almost healed fistula. No mass or other evidence of disease could be detected by vaginal examination. One week after the gauze was removed and three weeks after coming to the hospital she returned to her home a perfectly well woman and has remained well ever since.

SUMMARY

1. A clean small gauze sponge was left in a clean pelvis.
2. No symptoms of any kind resulted during an after period of five years.
3. Sudden apparently causeless onset of bladder tenesmus and suppuration was followed in three weeks by spontaneous expulsion of the sponge to the meatus and easy delivery was accomplished by traction with the fingers.
4. Instant relief of tenesmus and rapid and complete subsidence of all symptoms and in a week spontaneous closure of the fistula through which the gauze had ulcerated into the bladder.