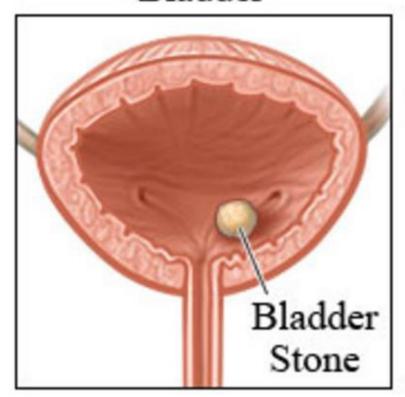
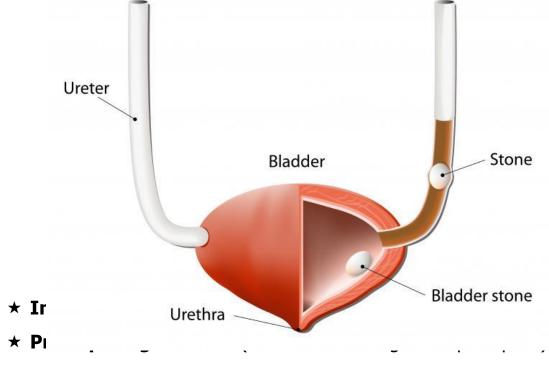
Urinary Bladder Stone

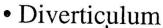
Bladder

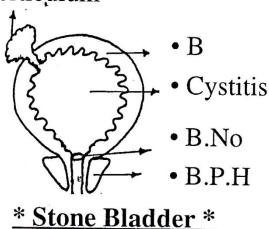


BLADDER STONE



- The most important is vesical outlet obstruction with residual urine and infection due to B.P.H or B.N.O.
- They are also common in Bilharziasis, cystitis and bladder diverticula.





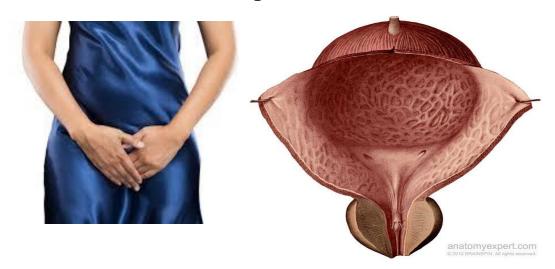
★ Pathology:

- Mechanism of stone formation & types of urinary stones
 (as before in the general principles)
- **★ Complications**: (as before in the general principles)
- **★ Clinical picture :** (as before in the general principles)
 - Characteristic features:
 - 1- Frequency: is the earliest symptom, occurs early more by day due to irritation of the trigone & occurs late by day and night due to cystitis.

2-Bladder pain:

 Dull aching, in the suprapubic region radiating to the tip of penis or clitoris & perineum. (S₂₋₄ spinal cord segments receive sensations from urinary bladder and give pudendal nerve which receive sensations from penis & perineum)

- Increasing by day during standing, setting, movements or at the end of micturation
- It is due to **irritation of trigone** or contraction on the stone.



- **3- Terminal haematuria** due to contraction of the bladder on the stone . (D.D. from Bilharziasis)
- **4- Difficult micturation:** In the form of interrupted stream or acute retention (the stone blocks the internal meatus)
- **5-** Manifestations of the **cause** eg. B.N.O, B.P.H. or stricture urethra.
- **6-** Huge stone may be felt bimanually on **P-R or P-V exam**.
- **★ Investigations:** (as before in the general principles)
 - Plain X-ray show radio-opaque stones in the pelvis.



★ D.D:

- 1-Other causes of haemturia.
- 2-Other causes of frequency of micturation.

★ Treatment:

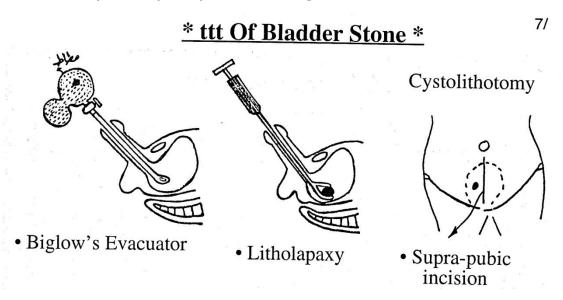
A-Conservative treatment: (as before in the general principles)

B- Instrumental treatment:

• Indications: stones less than 2 cm.

Methods:

- > The stone is crushed cystoscopically either by lithotrite (the technique is called litholapaxy) or by ultrasonic, laser or electrohydraulic lithotripsy .
- > Cystoscopically , the fragment are washed outside the



C-Surgical:

• Indications:

- > Failure of instrumental treatment.
- > Stone larger than 2cm .
- Multiple stones .
- > Stone in diverticulum .

Associated pathology requiring surgery.

Method:

 Cystolithotomy in which the bladder is opened , through a midline suprapubic incision or Pfannenstiel's (transverse) incision , to remove the stone.

