Giant bladder lithiasis: A case in Togo

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**Background:** Giant bladder stones are mostly found in developing countries. They are associated with a delay in diagnosis in these settings. We report a case discovered in a regional hospital in Togo.

**Case presentation:** He was a 64 years old farmer. He arrived at the hospital with acute urine retention. Cystotomy and a creatinemia of 13 mg/l. The operation was performed by a senior general surgeon. Under spinal anaesthesia, a suprapubic approach was performed. After cystotomy, we discovered a voluminous lithiasis enclosed in the bladder neck. The bladder had a thickened wall and macroscopically healthy mucosa consistent with a struggle bladder (Fig. 1). We removed the stone and placed an indwelling trans urethral bladder catheter for 10 days. Intraoperative exploration revealed a patent bladder neck and no prostatic hypertrophy. Postoperative care included analgesics by paracetamol (1 g every 8 h) and nefopam (20 mg every 8 h) and antibioprophylaxis by amoxicillin and clavulanic acid (1 g every 8 h). The stone was rough and porous in places, measured approximately 4 cm × 6 cm and weighed 230 g (Fig. 2). No further investigations were performed due to the patient's financial difficulties. The postoperative course was straightforward and the patient left the hospital on the 3rd postoperative day. The patient was lost to follow-up after 1 month.

**Conclusion:** The diagnosis and management of these giant lithiases remains a major challenge in Africa where poverty is a major obstacle.
main incriminating factors.

The formation of giant lithiasis requires many years of evolution [1,2]. In Africa, poverty and the resulting delay in consultation could explain the high number of these cases [2].

The management of urinary lithiasis is twofold. Firstly, it is curative by removing the stones and secondly, it is preventive to avoid recurrence [2]. Curative treatment of giant calculi is carried out immediately by cystolithotomy [1]. This was the case in the management of our patient. Prevention in our case focused on diuresis treatment and measures to prevent sexually transmitted infections due to the patient’s difficulties in adapting his diet.

To avoid these pathologies, it would be necessary to improve the health education of the population in order to reduce considerably the delays of consultation. Also, any urinary symptoms seen in hospital should be investigated appropriately to promote early diagnosis. The best approach to achieving these objectives is through good communication between carers and patients.

4. Conclusion

Giant bladder lithiasis is a common condition in Africa because of the delay in consultation but also because of the frequent association of favouring factors. Their diagnosis and management remains a major challenge in Africa where poverty is a major obstacle. This manuscript was written according to the rules of the SCARE [3].

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

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CRediT authorship contribution statement

The study design and data acquisition were done by ETB. IM and LEA carried out the literature review. The manuscript was written by ETB, IM and TK. All the authors participated in the revision of the manuscript.

Declaration of competing interest

The authors have no financial, consultative, institutional, and other relationships that might lead to bias or conflict of interest.

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