

Silksutures in the bladder causing recurrent urinary tract infection

C. FELDING - J. MOESGAARD

Summary: Silksutures in the bladder, 20 years after hysterectomy, causing recurrent urinary tract infection.

Key words: Urinary bladder; Foreign body; Cystitis.

INTRODUCTION

Foreign bodies in the bladder may either consist of concrements, be inserted by the patients themselves (¹), or finally be seque-lae after an operation, usually the retro-pubic colposuspension (²⁻⁶). No matter what the etiology is, foreign bodies often cause recurrent urinary tract infection.

CASE REPORT

A 63 year old woman who had earlier been a recurrent stone-producer. The last stone had been passed at about 40 years of age. She had a hysterectomy twenty years before because of irregular bleeding. PAD showed adenomyosis uteri.

Both the abdominal- and the vaginal wound had been sewn with silk-sutures. In the postoperative period the abdominal wound had been revised because of infection, and some of the sutures were removed in several sequences up to nine months after the operation.

She was seen at intervals for about ten years. During this time she became a drug addict be-

cause of "stone-pains". She had not been checked in the department for the last ten years.

The actual cause of admission was recurrent urinary tract infection. At cystoscopy two silk sutures were removed and a few months later another. There were no concrements. Since this the patient has been without symptoms of recurrent urinary tract infection.

DISCUSSION

Recurrent urinary tract infection is frequently seen in menopausal women. In a questionnaire investigation among 1,200 61 year old women 30% were complaining of incontinence and 13% had recurrent urinary tract infections (⁷).

Gram-negative rods, especially *E. coli*, are the most frequently seen bacteria (⁸).

How often foreign bodies are a concomitant cause of recurrent urinary tract infection, is unknown, as cystoscopy is not routinely made in all patients.

Earlier, undissolved suture material was more often used in closing both the abdominal- and vaginal wounds at hysterectomies. That suture material should appear 20 years after an operation is unusual, especially as nothing was noted in the description of the operation about sewing in

The Specialist Centre Diakonissestiftelsen
Frederiksberg (Denmark)

All rights reserved - No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, nor any information storage and retrieval system without written permission from the copyright owner.

the bladder. There was no hematuria or cystitis in the postoperative period.

The present case illustrates, that for a number of years to come, suture material from the past may appear. It is therefore important to consider a cystoscopy in all patients with recurrent urinary tract infection, as this investigation from time to time gives valuable information⁽³⁾. Furthermore, both calculi and sutures may often be removed through the cystoscope.

REFERENCES

- 1) Friederich V. A.: "Harnblasenfremdkörper". *Z. Urol. Nephrol.*, 79, 29, 1986.
- 2) Heritier P. H., Levigne F., Oussoff M. P., Gilloz A.: "Lithiase vésicale récidivante après colpocystopexie". *J. Gyn. Obst. Biol. Reprod.*, 19, 307, 1990.
- 3) Seski J. C.: "Iatrogenic intravesical foreign body following Marshall-Marchetti procedure". *Am. J. Obst. Gyn.*, 126, 514, 1976.
- 4) Zderic S. A., Burros H. M., Hanno P. M., Dudas N., Whitmore K. E.: "Bladder calculi in women after urethrovaginal suspension". *J. Urol.*, 139, 1047, 1988.
- 5) Trevino R., Goldstein A. M. B., Vartanian N. L.: "Vesical bladder stones formed around non-absorbable sutures and possible explanation for their delayed appearance". *J. Urol.*, 122, 849, 1979.
- 6) Helsdingen P. J. R. O. van. "Urinary-tract infections due to inflammation around nonabsorbable suture material in the bladder". *Arch. Chir. Neerl.*, 31, 225, 1979.
- 7) Iosif C. S., Bekassy Z.: "Prevalence of genito-urinary symptoms in the late menopause". *Acta Obst. Gyn. Scand.*, 63, 257, 1984.
- 8) Mogensen P., Hansen L. K.: "Do intravenous urography and cystoscopy provide important information in otherwise healthy women with recurrent urinary tract infection?". *Br. J. Urol.*, 55, 261, 1983.
- 9) Privette M., Cade R., Peterson J., Mars D.: "Prevention of recurrent urinary tract infections in postmenopausal women". *Nephron.*, 50, 24, 1988.

Address reprint requests to:
C. FELDING
Fagerlunden 16
DZ-2950 Vedbaek (Denmark)