

Answers to Medical Quiz

A1. Multiple radiopaque shadows in the lower pelvis, typical of vesical stones but in a position relatively high in the lower most pelvis highly suggesting elevation of the bladder base.

A2. Benign prostatic hypertrophy.

- A3. 1. Neurogenic bladder: any age, any sex
2. Urethral stricture: Posterior urethral valve in a newborn male. Usually young adult male: post-gonococcal.
 3. Vesicovaginal fistula (females): Post-delivery and iatrogenic being the most likely causes in patients without malignancy of say the uterine cervix.

Patients with chronic urinary retention of any cause at any age or whatever sex enter a vicious cycle of stasis, infection, stone formation and obstruction. This elderly gentleman had an enlarged prostate for a long time with resultant stasis, debris accumulation and thus a nidus for stone formation and an excellent environment for infection.

Patients with lower urinary tract obstructive uropathy are divided into two groups:

1. functional (neuromuscular) obstruction
2. mechanical obstruction

A neurogenic bladder can be seen in either sex at any age and a list of aetiologies can be found in any standard textbook of urology. A less known cause is prune belly syndrome, a condition in which the newborn has deficiency of the abdominal musculature and no ability to "push", resulting in stasis of urine.

In patients with vesicovaginal fistula, stasis of urine is the usual initial insult, while in ladies with cystocele, stasis is usually secondary to incomplete voiding because of "obstruction" at the vesico urethral junction. In male newborns, the main mechanical aetiology is posterior urethral valve. A urethral stricture is the usual problem in the young adult male while prostatic hypertrophy is the predominant mechanical cause for lower urinary tract obstruction, in the elderly male.