

AB177. SOH22ABS217. 'Traumatic bladder rupture' — a rare urological emergency

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Background: A 41-year-old gentleman self-presented to the Emergency Department with sudden onset abdominal pain following a fall at home, where he stumbled and fell onto the arm of a chair after excessive alcohol intake, he experienced instant severe abdominal pain and felt a sensation to pass urine, there was minimal void of visible haematuria—a "few drops" only.

Methods: Focused assessment with sonography for trauma (FAST) scan was positive and the main differential was a bladder perforation secondary to blunt trauma. A CT and subsequent cystographic study demonstrated intraperitoneal contrast leak through a significant linear defect in the superior wall of the bladder dome, best seen on coronal views. The impression was an isolated intraperitoneal bladder rupture through the superior wall. He was brought to the emergency theatre less than 12 hours following the trauma.

Results: A lower midline incision was made and an intraperitoneal bladder injury identified and with a substantial defect seen at the dome of the bladder. A urinary catheter was inserted and a two-layer closure of the bladder wall was undertaken followed by mass abdominal closure. He was discharged home well day three post operatively. A follow-up cystogram and urinary catheter removal was

performed 14 days post operatively.

Conclusions: This case demonstrates the efficient and appropriate management of a suspected bladder rupture. If the injury is intraperitoneal, as in this case, urgent operative management should be carried out in order to prevent serious complications and potential risk of mortality. **Keywords:** Traumatic; bladder; injury; urological; emergency

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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