

Rectal perforation: a rare complication of indwelling urethral catheterization

Dear Editor,

A 72-year-old male patient was admitted to the Emergency Urology department of ELPIS Hospital complaining of lower abdominal pain in the preceding ten hours. He had a urethral catheter for three years for difficulty in urination following penis surgery and radical radiotherapy for penis cancer. Two days before his presentation he had a new catheter placed and reported a significant discrepancy between input and output fluid volumes when his bladder integrity was checked, with irrigation and aspiration. His body temperature was 36.7 °C, and he was hemodynamically stable. Routine laboratory tests did not show any abnormalities except for a mild left shifted leukocytosis. Flexible sigmoidoscopy revealed the tip of the silastic Foley-type urinary catheter in the rectum (Figure 1). The catheter was removed and a new Foley catheter 18 Ch/Fr was placed in the urinary bladder. The patient continued his initial ciprofloxacin treatment and a restricted diet. Four days later, free of abdominal pain and diarrhea, he was discharged with instructions to receive antibiotics and a probiotic regimen. He was re-evaluated one month later and underwent a retrograde cystography with no extravasation of the contrast medium into the rectum.

Urethral catheterization is rarely associated with intestinal damage¹⁻³. The reported rectal perforation was caused by indwelling urethral catheter placement. In similar cases, patients typically present progressive abdominal pain with distention, nausea, vomiting, and obstipation. Timely diagnosis with clinical examination, imaging, and surgical evaluation are critical to patient recovery. In some cases, the catheter may have been introduced too far into the bladder and infection may weaken the wall, making it more vulnerable. Viscous perforation is more likely to occur when the catheter material is not soft³, as demonstrated in our case.

Laparotomy and repair of the perforation is the standard of care for patients presenting bowel perforation due to Foley catheterization³. In our case, we had a complete alleviation of the symptoms by simply remove and replace a new catheter into the urinary bladder.

Keywords: Bladder perforation, rectum perforation, indwelling urethral catheter, Foley catheter

Conflict of interest

The authors declare no conflict of interest.

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Zachariou A¹, Kolynou A², Filiponi M³

¹Urology Department, ELPIS Hospital, Volos

²Department of Microbiology, AHEPA University Hospital, Thessaloniki

³Department of Microbiology, ELPIS Hospital, Volos
Greece

Corresponding author: Maria Filiponi, MSc, 3 Spyridi Street, Volos 38221, Greece, tel: +302421026937, fax: +302421026932, e-mail: mfilipou@gmail.com



Figure 1: Images from the flexible sigmoidoscopy revealing the curved tip of the silastic Foley-type urinary catheter in the rectum.