INTRODUCTION
Urethral catheterization is the most common retrograde manipulation performed on the urinary tract. The catheterization is performed not only to drain the bladder as a part of treatment but also to diagnose a urological disorder in cases of voiding cystourethrography (VCUG). Traumatic urethral catheterization is more common in males than in females. Here we report a rare complication of urethral catheterization in a female patient with a misplaced and non-deflated Foley catheter in the left ureter and its endoscopic management.

CASE REPORT
A 29-year-old female who was known to have chronic renal failure (daily urine volume 400 ml) for 9 years because of glomerulonephritis and who had been on hemodialysis for 9 months was referred to our clinic for investigation of vesicoureteral reflux before renal transplant.

The patient was catheterized with a 16 F Foley catheter in the urology clinic for VCUG. The catheter was flushed with 5 cc of sterile saline. During the filling phase of the VCUG with diluted radiopaque contrast agent, we observed only the left ureter and left renal collecting system filled with the contrast medium with no filling of the bladder (Fig. 1). We suspected that the urethral catheter was incidentally placed in the left ureter. Then attempts were made to remove the catheter but it could be neither deflated nor flushed. The side arm of the Foley catheter was cut to eliminate the effect of the valve mechanism but we did not observe extrusion of the fluid in the balloon. We used the sharp end of a ureteral stent stylet with lubricant, but the wire could not be advanced as far as the balloon through the inflation port. Ultrasound-guided puncture of the urethral catheter’s balloon was also unsuccessful.

ENDOSCOPIC MANAGEMENT OF A NON-DEFLATING FOLEY CATHETER INCIDENTALLY PLACED IN A DISTAL URETER

Mesut Mehmet PIŞKİN, Ozcan KILIC, Mehmet KILINC, Mehmet KAYNAR, Umit OZDEMIR

Selcuk University, Meram Medical Faculty, Department of Urology, Konya, Turkey

ABSTRACT:
The misplacement of a urethral catheter in a ureter is very rare complication. We report a case of incidental catheterization by urethral route with a 16 F Foley catheter of which the balloon was nondeflated in the distal part of the left ureter in a female patient who was catheterized for voiding cystourethrography and its successful management with endoscopic puncturing of the balloon.

Key words: Endoscopic Management, Misplaced Catheterization, Cystourethrography

RASTLANTISAL OLARAK DİSTAL ÜRETERE YERLEŞEN BALONU İNDIRİLEMEYEN FOLEY KATETERİN ENDOSKOPİK TEDAVİSİ

ÖZ:
Üretral kateterin, üretere rastlantısal yerleşimi nadir karşılaşılan bir komplikasyondur. Biz, voiding sistoüretrografi için kateterize edilen bayan hastada, üretral yoldan katarzetizasyon sırasında rastlantısal olarak sol ureter distaline yerleşen, balonu indirilememeyen, 16 F foley kateterbalonunun endoskopik olarak başarılı şekilde indirildiği bir vakayı sunuyoruz.

Anahtar Kelimeler: Endoskopik Tedavi, Yanlış Lokalizasyona Kateterizasyon, Sistoüretrografi

Selcuk University, Meram Medical Faculty, Department of Urology, Konya, Turkey

2009: Cilt 20: Sayı 4: 184-185
There is no evident explanation for the direct insertion of a 16 Fr catheter, a large device, into the ureter through the ureteral orifice without pretreatment or mechanical dilatation. However, as in the present case, it is thought that catheter misplacement is more common in patients who were catheterized with empty bladders. The current mishap is an extremely rare example, but the urethral catheterization should have been performed more carefully.

The treatment of the non-deflating ureteral catheter could be performed by endoscopic incision of the ureteric orifice as Muneer described. However, the technique described in the present case is safe and it does not harm the ureteric orifice. In addition, it is less invasive compared to incision of the ureteric orifice. However, we advise urologists to be alert when managing a patient who presents with a non-deflated catheter.

**REFERENCE:**


