



Image of the month

Bladder perforation as unusual cause of pneumoperitoneum



Perforación vesical como causa infrecuente de neumoperitoneo

Marta Pilar Cidón Palacio,^{a,*} Carmen Gomis Goti,^b Alfonso Camacho Aroca,^a Sara Gortázar de las Casas^a

^a Servicio de Cirugía General y del Aparato Digestivo, Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain

^b Servicio de Urología, Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain

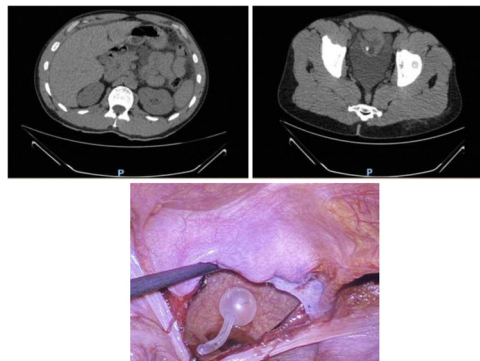


Figure 1

A 30-year-old male with no history of trauma came to the Emergency Department due to anuria and belt-like epigastric pain over the previous 24-h after having abused drugs and alcohol. The examination showed: sweating, HR 94 bpm, and abdomen with no signs of peritonism or visible external injuries. Lab work showed: leukocytosis 17,000, creatinine 3, GFR 20 and CRP 2. Abdominal CT scan revealed free fluid and supramesocolic pneumoperitoneum. Suspecting gastric perforation, we performed urgent exploratory laparoscopy and observed abundant serosanguineous free fluid. After exploring the supramesocolic quadrants, with no pathological findings, we identified a 5 cm perforation in the bladder dome (Fig. 1), which was repaired by continuous suture in 2 planes using 3/0 V-LocTM.

Conflict of interests

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* Corresponding author.

E-mail address: marta.cidon@quironsalud.es (M. P. Cidón Palacio).

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