

WELCOME



A 52-Year-Old Man with Recurrent Urinary Retention

Dr. Palash Chandra Sutradhar
Resident
BSMMU

Patient Profile

- A 52-year-old man
- Residence: Satkhira
- Occupation: teacher
- Marital Status: married

Presenting Complaints

- Recurrent urinary retention -3 yrs
- Generalized weakness- 3 yrs

Course of Illness

Urinary retention

- Recurrent (7-8 times)
- Lower abdominal discomfort and distention
- Relieved by catheterization

Generalized weakness

- No diurnal variation

Shortness of breath

- Exertion (NYHA -2)
- Palpitation
 - No chest pain
 - No orthopnea

Evaluation in Home and Abroad

June, 2016

Hb%	5.8	BT
ESR	130	

August, 2016

- Abroad
- CBC : Hb-10.1 g/dL, ESR-98 mm in 1st hr
- USG of Abdomen :
Right sided hydronephrosis due to PUJ obstruction
- Advice : stenting

December, 2016

Hb%	5.9	BT	10.7
ESR	70		25

Tests	Results
Blood Urea	19 mg/dL
S.Creatinine	1.16 mg/dL
S.Bilirubin	1.1 mg/dL
SGPT	21 U/L
ALP	104 U/L
S.Protein	7.28 g/dL
S.Albumin	3.74 g/dL
TSH	2.07 mU/L

Endoscopy of Upper GIT

- Duodenal erosions

USG of Whole Abdomen

- Bilateral obstructive nephro-uropathy
- Hepatic vein dilated, mild ascites
- Bilateral moderate hydronephrosis
- Mildly enlarged prostate
- PVR -20ml
- **Rt Kidney : obstruction in PUJ**
- **Lt Kidney : 7mm impacted stone or stricture in VUJ**

RGU & MCU

- Mild PVR

Uroflowmetry

- Normal

Non-contrast CT scan of KUB

Right sided moderate
hydronephrosis

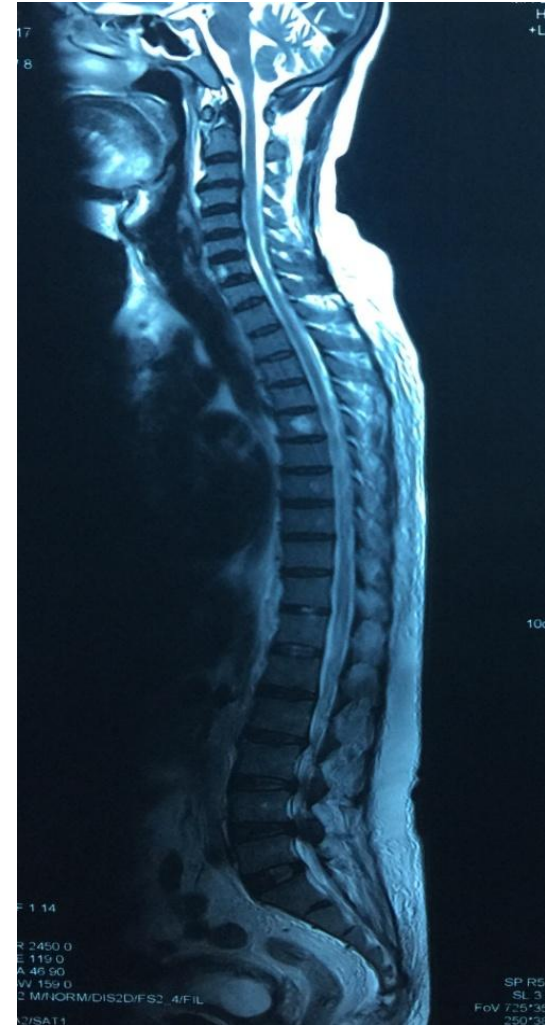
Small right kidney (7.2cm x3.9 cm)

Obstructive uropathy due to long
standing PUJ obstruction



MRI of Spine

- C3/C4 & C5/C5 disc protrusion indenting the thecal sac
- L3/L4 Disc protrusion indenting the thecal sac
- L4/L5 disc protrusion with facet hypertrophy mild compressing the both L5 nerve roots
- L5/S1 Disc protrusion displacing the both S1 nerve roots



Previous Diagnosis

- Bilateral obstructive uropathy
- Bilateral Hydroureter

Course in BSMMU

Additional Complaints

- Leg swelling -2yrs

Leg swelling

- Bilateral
- Intermittent
- Painless

Co-morbidity

- Hypertensive
- Tab. Amlodipine irregularly

Negative History

- Fever
- Weight loss
- Visual disturbance
- Bowel habit

Physical Examination

General Examination

- Anemia : mild
- Jaundice : absent
- Oedema : present
- Neck vein: not engorged
- Koilonychia: absent
- Clubbing: absent
- Skin condition : few hypopigmented patches

Pulse: 76/min

BP : 140/100 mm Hg

RR : 16/min

Temp : 98.6° F

Systemic Examination

Neurological Examination

- Higher Psychic Function : normal
- Cranial Nerves : intact
- Fundoscopy : normal

Neurological Examination

Motor : Upper limb

Components	Right	Left
Bulk	Normal	Normal
Tone	Normal	Normal
Power	5	5
Biceps jerk	Normal	Normal
Triceps jerk	Normal	Normal
Supinator Jerk	Normal	Normal
Finger-Nose test	Intact	Intact

Neurological Examination

Motor : Lower limb

Components	Right	Left
Bulk	Normal	Normal
Tone	Normal	Normal
Power	4	4
Knee jerk	Brisk	Brisk
Ankle jerk	Absent	Absent
Clonus	Absent	Absent
Planter	Equivocal	Equivocal

Gait: No specific pattern

Neurological Examination

- Sensory :

Pain
Touch } impaired (D11)

Vibration
Joint position } impaired

Romberg's sign - positive

- Cerebellar Function :

Dysdiadochokinesia
Heel shin test } positive

Alimentary System

- Tongue : smooth
- Abdomen
 - Soft
 - Non-tender
 - No organomegaly
 - No ascites

Cardiovascular System

- Normal

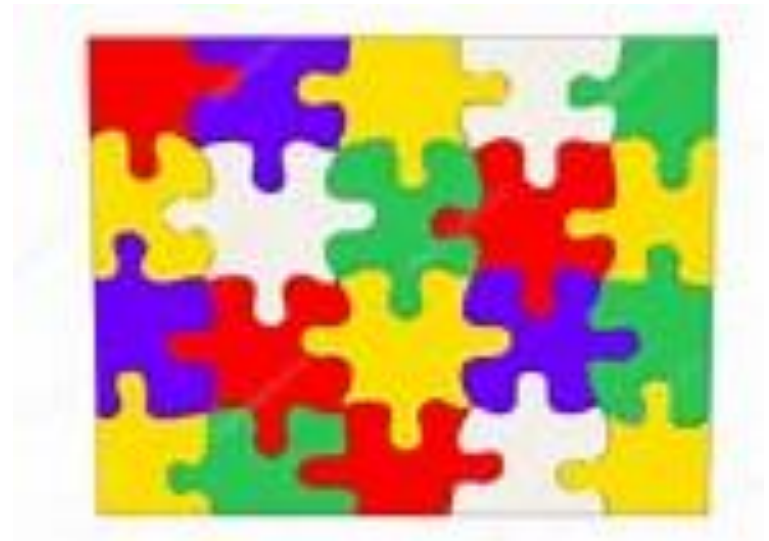
Respiratory System

- Normal

Other Systems

- No abnormality

Possibilities ?



Investigations

Complete Blood Count

Hb	10.1 g/dL
ESR	05 mm in 1 st hr
RBC	3.30 m/mm ³
MCV	94 fl
MCH	31 pg
PLT	105000 /mm³
WBC	4500/mm ³
Neutrophill	80%
Lymph	16%

Peripheral blood film

- RBC : dimorphic ,elongated , elliptical, pear shaped & pencil cells
- WBC : mature, normal in count & distribution
- Platelet : reduced

Comment : Dimorphic anaemia with thrombocytopenia

Reticulocyte count : 1.74 %

Iron Profile

Iron	83 mg/dl
Ferritin	274.84 ug/L
TIBC	289 ug/dl

Tests	Results
Blood Urea	25.7 mg/dL
S. Creatinine	1.11 mg/dL
S. Bilirubin	1.1 mg/dL
SGPT	29 U/L
Total Protein	63 g/L
S.Albumin	36 g/L

Serum Electrolytes

Tests	10.01.2017	26.01.2017
Na	132 mmol/L	127.5 mmol/L
K	4.3 mmol/L	5.27 mmol/L
Cl	104 mmol/L	97.20 mmol/L
TCO ₂	20 mmol/L	22 mmol/L

Urine R/E & C/S

Color	Light yellow
Appearance	Hazy
Protein	Trace
Sugar	Nil
Pus Cell	Plenty/HPF
RBC	5-10/HPF
Cast	Nil
C/S	E. Coli : >10⁵ CFU/ml
	Sensitive to Mecillinum
	& Meropenem

USG of Whole Abdomen

- Right sided hydronephrosis
- Chronic cystitis



Intravenous Urogram

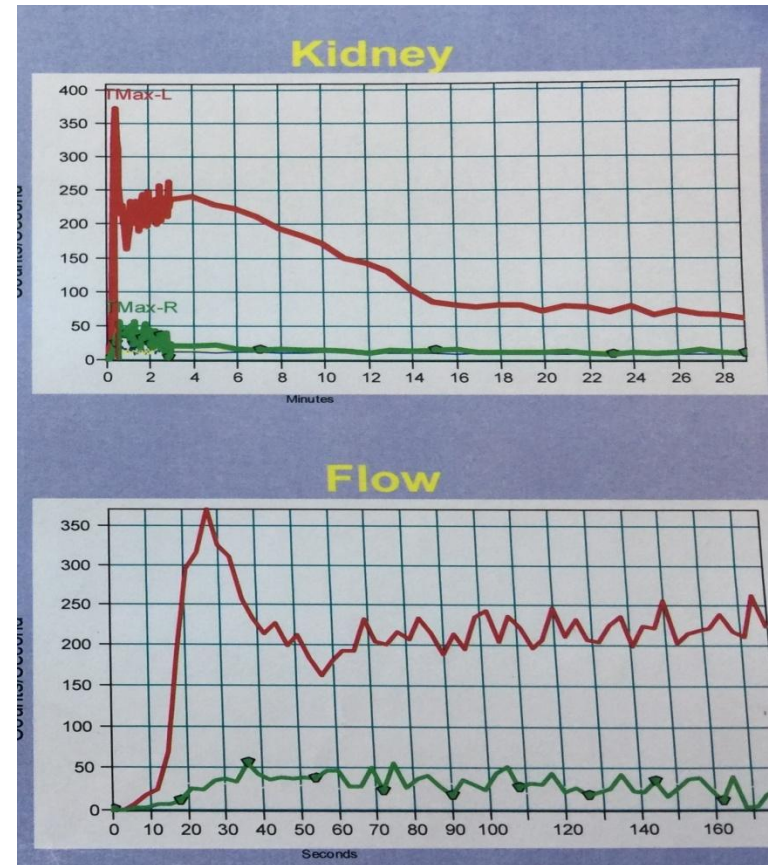
Non-excreting Right kidney with hydronephrosis and reduced cortical thickness

Left lower ureteric stricture with hydro-ureter and tortuosity



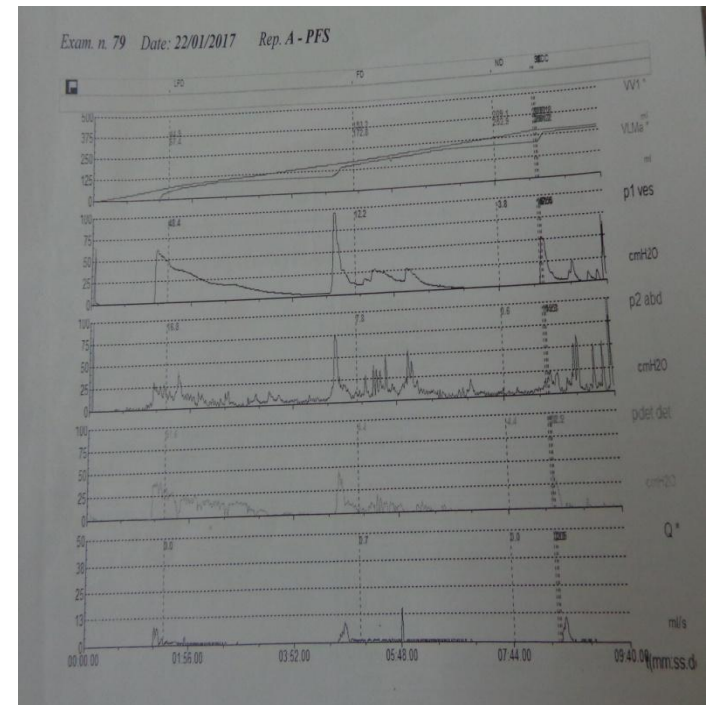
DTPA Renal Study

- Right kidney :
Gross parenchymal impairment
- Left kidney :
Mild dilatation
No obstruction
Normal parenchymal function



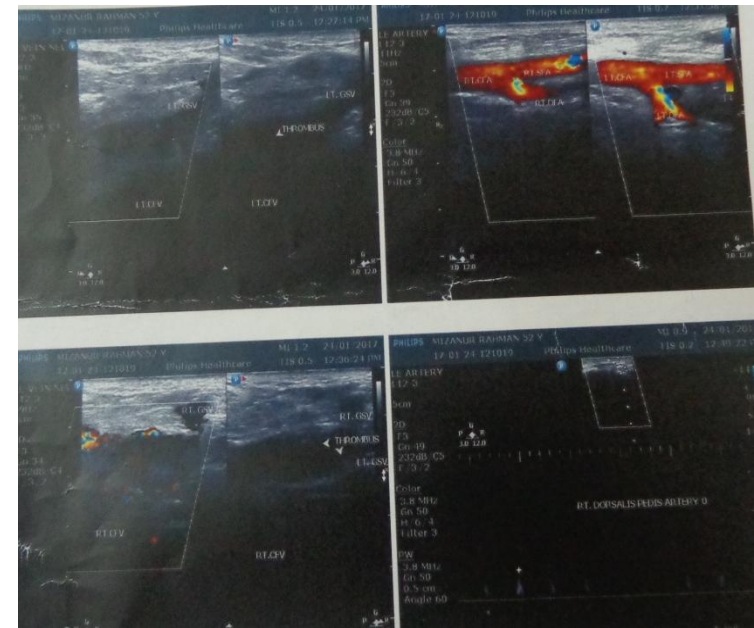
Urodynamics Study

- Sphincter disturbance



Duplex Study of Lower Limb

- Post DVT of both lower limb
(ilio-femoral venous segment)
- Sign of recanalization
- Mildly diminished blood flow in
PDA of both side



Echocardiogram

- No RWMA
- EF-56%

MRI of Brain

Mild generalized cortical atrophy

Right maxillary sinusitis



MRI of Spine

- Vertebral hemangioma (D2,L2)



Diagnosis



Further Investigations

S. Vitamin B 12	< 83 pgm/ml
S. Folate	3.3 ng/ml

Parietal Cell Antibody	Positive (1.2)
Intrinsic Factor Antibody	13.19 U
Homocysteine	8 µmol/L
Protein C	95%
Protein S	87%

FBS	5.8 mmol/L
2 hours after 75 gm glucose	5.6 mmol/L
S. Cortisol	487.2 pg /ml
S. ACTH	19.6 pg/ml
TSH	2.07 μ IU/ml

Nerve Conduction Study

- Chronic demyelinating sensorimotor polyneuropathy of upper and lower extremities

Final Diagnosis

- Pernicious Anaemia
- CVI due to post DVT complication
- Right sided hydronephrosis due to PUJ obstruction
- Hypertension

Treatment

- Inj. Hydroxocobalamin (1000µg)
- Tab. Folic acid (5 mg)
- Tab. Losartan Potassium (50 mg)

Follow Up

Clinical :

No H/O further retention

No anemia

Oedema- absent

Knee jerk-brisk

Sensory -impaired

Gait- normal

Investigation:

Hb-14.2 g/dl

Vit B12-663 pgm/ml

Acknowledgement

- Prof. Dr. S. M. Arafat
- Dr. Farzana Shumy

• **THANK YOU**

