

[PICTURES IN CLINICAL MEDICINE]

Pulmonary Embolism after Relief of Urinary Obstruction

Sumie Sakamoto¹, Sho Sasaki¹, Kazuhiro Okamura² and Kiichiro Fujisaki¹

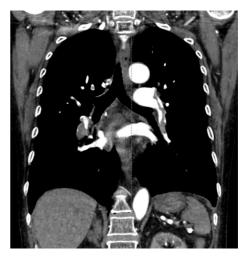
Key words: urinary obstruction, pulmonary embolism, deep venous thrombosis

(Intern Med 61: 1625, 2022) (DOI: 10.2169/internalmedicine.8181-21)



Picture 1.

A 77-year-old woman with a history of type 2 diabetes mellitus and complete remission of minimal-change disease who was consuming 5 mg prednisolone with normal serum creatinine and albumin levels presented with abdominal pain that had started the previous day. A physical examination revealed a distended mid-lower abdomen and bilateral pitting edema. Computed tomography (CT) showed a dilated bladder and collapsed inferior vena cava (Picture 1). We diagnosed her with urinary obstruction caused by diabetic neurogenic bladder and inserted a urinary catheter. At 22 hours after catheterization, 3,700 mL of urine was collected, and at 23 hours, her systolic blood pressure decreased from 100 to 80 mmHg. Contrast-enhanced CT showed a pulmonary embolism (PE) (Picture 2) and deep vein thrombosis (DVT) of the left popliteal fossa. Systemic anticoagulation therapy was administered. DVT complications after urinary obstruc-



Picture 2.

tion are rare (1, 2). This is a rare case of PE occurring after urinary obstruction relief. Patients with a severely dilated bladder should be investigated for DVT and PE.

The authors state that they have no Conflict of Interest (COI).

References

- Sharma V, McGuire BB, Nadler RB. Implications of a 5-liter urinary bladder: inferior vena cava syndrome leading to bilateral pulmonary artery emboli. Urology 83: e11-e12, 2014.
- Kawada T, Yoshioka T, Araki M, Nose H, Oeda T. Deep vein thrombosis and pulmonary embolism secondary to urinary retention: a case report. J Med Case Rep 12: 78, 2018.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/ by-nc-nd/4.0/).

¹Department of Nephrology, Iizuka Hospital, Japan and ²Division of Nephrology, Kokura Memorial Hospital, Japan Received: June 21, 2021; Accepted: September 12, 2021; Advance Publication by J-STAGE: October 26, 2021 Correspondence to Dr. Sumie Sakamoto, ssakamotoh4@aih-net.com

© 2022 The Japanese Society of Internal Medicine. Intern Med 61: 1625, 2022