

BLADDER STONES

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Bladder stones account for 5% of all urinary tract stone disease. They can be classified as primary (without underlying urinary tract pathology) or secondary (due to underlying renal tract pathology). Primary bladder stones are commonly seen in children in the developing world and are due to nutritional deficiency in vitamins A and B6, magnesium and phosphate and a reduced protein-carbohydrate ratio. Secondary bladder stones are most commonly related to urinary stasis from elevated postvoid residual volume due to bladder outlet obstruction (Table 83.11). Sven Ivar Seldinger , 1921-1998, Swedish radiologist, introduced this technique in 1953. /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Three-stage guidewire TABLE 83.11 Aetiology of bladder stones. Primary Nutritional de /f_i ciency Secondary Urinary stasis Bladder outlet obstruction (elevated Detrusor underactivity residual Bladder augmentation or substitution volume) Neurogenic lower urinary tract dysfunction Foreign body Suture or mesh from previous prolapse/ continence/pelvic surgery Stone from upper tract Indwelling catheter or ureteric stent Migrated intrauterine devices Infection Drugs Indinavir Triamterene

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