

**PP89 A RARE CASE OF BLADDER
INJURY IN AN EPILPETIC
PATIENT: A CASE REPORT**

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INTRODUCTION: Bladder trauma is an uncommon injury. Here we discuss a case of fall due to epileptic seizure that resulted in bladder injury.

CASE: A 34 year-old gentleman with underlying epilepsy presented to emergency department with complain of pain over the suprapubic area of the abdomen and inability to urinate following seizure followed by fall at home. On examination, his Glasgow Come Score (GCS) was full. Vital signs were within normal range. Abdominal examination revealed distended abdomen and tenderness over the suprapubic area but there was no guarding or bruises. FAST scan showed free fluid in the rectovesical pouch. Frank hematuria was observed in the urinary bag. Haemoglobin level dropped from 13.9 g/L to 13.0 g/L. Creatinine level was increased (137umol/L) but with normal urea (3.8mmol/L). CT abdomen and cystogram which showed features of urinary bladder dome (intraperitoneal) injury. The patient was surgically managed with exploratory laparotomy and urinary bladder repair. Intra-operative finding was intraperitoneal bladder rupture (full thickness) involving entire length of bladder dome. Patient recovered well from the injury with normal voiding function.

DISCUSSION: Bladder traumas are divided into extraperitoneal, intraperitoneal, or combined injuries. In this case, patient suffered from intraperitoneal bladder rupture which should always be managed with surgical exploration and repair. In contrast, extraperitoneal bladder rupture mostly can be managed conservatively by catheter drainage alone unless the injury involved neck of bladder, bone fragments present in the bladder or entrapment. Furthermore, the epilepsy itself can disrupt patient's urinary function. Patient suspected to have a distended bladder at the time trauma occurred which pre-disposed patient to urinary bladder rupture. Complications from bladder injury may result from delayed in diagnosis and treatment. In this case, the epileptic seizure may divert the attention of the attending clinician from the injury associated with the resulting fall. Complications include ileus, peritonitis, intra-abdominal abscess, incontinence, fistulas, strictures and disruption of voiding function.

CONCLUSION: This case demonstrated that patient whom suffering from epileptic seizure may have serious injury associated with it. Bladder injury associated with fall from ground level is rare however meticulous clinical assessment may prevent delay in early diagnosis and treatment.

KEYWORDS: bladder injury, epilepsy, fall