



Internal Medicine Flashcard

A ‘full moon’ shadow in the abdomen



Chia-Lin Chang^{a,1}, Te-Chun Shen^{b,c,1}, Huei-Loong Hsieh^{d,*}

^a Department of Internal Medicine, Sinying Hospital, Ministry of Health and Welfare, Tainan, Taiwan

^b Department of Internal Medicine, China Medical University Hospital and China Medical University, Taichung, Taiwan

^c Department of Internal Medicine, Chu Shang Show Chwan Hospital, Nantou, Taiwan

^d Department of Urology, Chu Shang Show Chwan Hospital, Nantou, Taiwan

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1. Indication

A 65-year-old man with benign prostatic hyperplasia presented with abdominal fullness and constipation for one week. He did not report any nausea, vomiting or abdominal pain but he mentioned having decreased urine output for the past few days. He recalled that he took some over-the-counter medication for common cold last week. Physical examination revealed a rounded, non-pulsatile mass, more than 15 cm in size, over the lower abdomen with dullness on percussion. Abdominal radiograph showed a huge, ‘full moon’ shadow in the lower abdomen, with severe compression of the adjacent colon (Fig. 1).

What is the diagnosis?

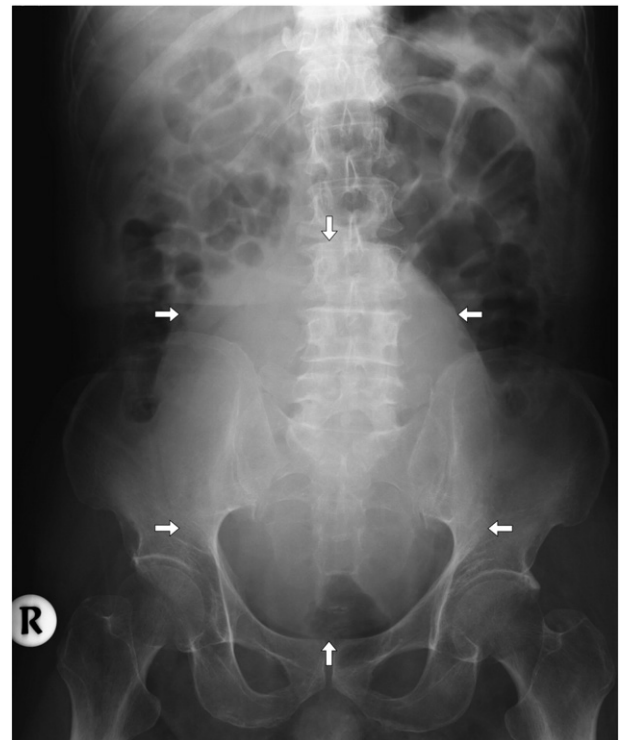


Fig. 1. Abdominal radiograph showing a ‘full-moon’ shadow (arrows) in the lower abdomen, with severe compression of the adjacent colon.

* Corresponding author at: Department of Urology, Chu Shang Show Chwan Hospital, No.75, Sec. 2, Jishan Rd., Zhushan Township, Nantou County 557, Taiwan (R.O.C). Tel.: + 886 49 2624266.

E-mail address: cs6020@csshow.org.tw (H.-L. Hsieh).

¹ Contributed equally.

2. Diagnosis

The patient underwent bedside ultrasonography which revealed an extensively tense urinary bladder. A Foley catheter was inserted and a total volume of 2300 mL of urine was drained out. The patient's symptoms improved rapidly after the treatment and withdrawal of the medications. As to this condition, it is possible that over-the-counter cold remedies may precipitate urinary retention by inhibiting detrusor contractility and enhancing bladder outlet resistance [1].

Acute urinary retention (AUR), defined as the sudden inability to empty the bladder, is the most common urologic emergency. If unidentified and/or untreated, it may become a serious condition that can lead to bladder damage, kidney injury or urosepsis [2]. AUR is most often secondary to obstruction, but may also be related to trauma, medication, neurologic disease, infection, and occasionally psychologic issues [3]. Proper bladder drainage is the first aim of treatment, with subsequent studies to determine the cause of retention. Several kinds of medications are known to increase the risk of AUR, including alpha-adrenoceptor agonists, anticholinergics, antihistamines, benzodiazepines, calcium-channel blockers, opioids, and anesthetics; up to 10% of AUR episodes are believed to be attributable to drugs.

Conflict of interests

The authors state that they have no conflicts of interest.

Patient consent

Obtained.

Contributorship

T.-C. Shen wrote the report; C.-L. Chang and T.-C. Shen provided case details and planned the report; and H.-L. Hsieh supervised the study.

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