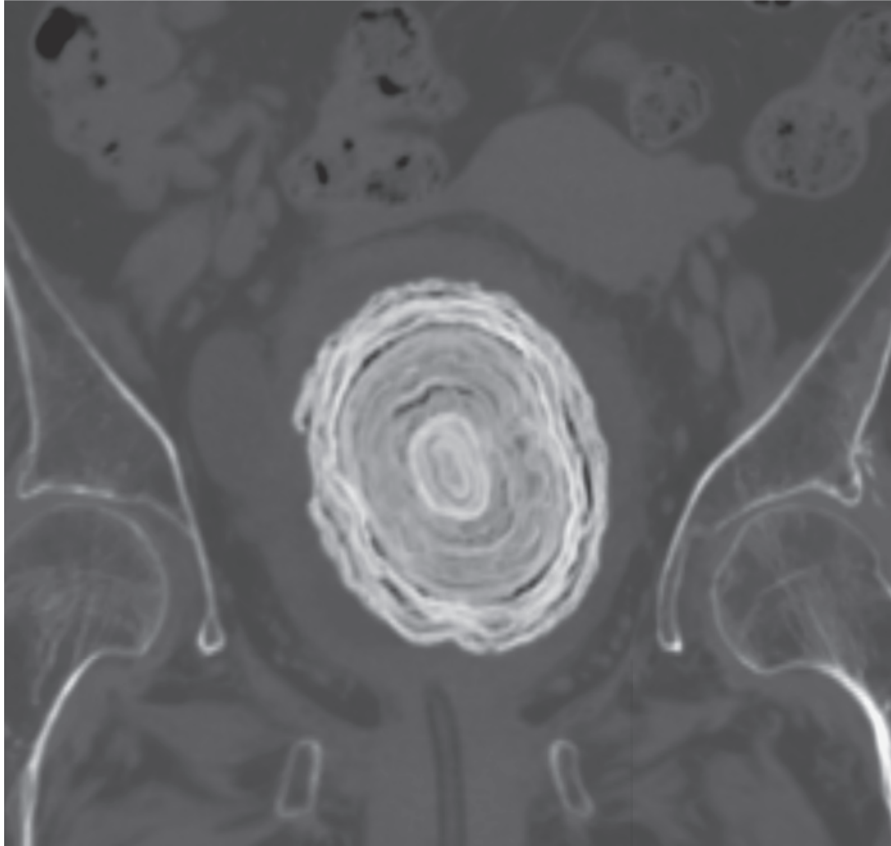


IMAGES IN CLINICAL MEDICINE

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Bladder Stone



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A 72-YEAR-OLD WOMAN WITH A 30-YEAR HISTORY OF HIGH THORACIC PARAPLEGIA WAS REFERRED TO THE urology clinic for treatment of a bladder stone. Owing to neurogenic bladder, the patient had a long-term indwelling urethral catheter. Two months before presentation, she had started having intermittently bloody urine. An abdominal ultrasound had identified a bladder stone at that time. Physical examination was notable for mild tenderness and a palpable mass in the suprapubic region. Urinalysis showed considerable pyuria, as well as hematuria, nitrites, and protein. A urine culture grew *Escherichia coli* and *Morganella morganii*; antibacterial agents were used to clear these bacteria before the planned extraction procedure. Computed tomography of the abdomen revealed a layered bladder stone measuring 6 cm × 8 cm × 9 cm, as well as multiple bladder diverticula. Some bladder stones form tree ring–like layers owing to episodic variations in mineral deposition and urine composition over time. Long-term use of an indwelling catheter and urinary stasis from neurogenic lower urinary tract dysfunction and bladder diverticula are risk factors for bladder-stone formation. Transurethral holmium laser lithotripsy and stone extraction were performed. No stone analysis was conducted. At 1 month of follow-up, the patient's symptoms had resolved.

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