

Clinical Image

Urethrovenous Fistula Secondary to Urethrocytography

Reda Tariqi^{*}; Hamza El Abidi; Ahmed Ibrahim; Hachem El Sayegh; Yassine Nouini

Department of Urologic Surgery "A" Ibn Sina University Hospital, Mohammed V University, Rabat, Morocco.

***Corresponding author: Reda Tariqi**

Department of Urology A, Ibn Sina Hospital, University of Rabat, Morocco.

Email: Dr.tariqireda@gmail.com

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We present the case of a 44-year-old patient with a history of recurrent urethritis who initially presented to the emergency department with acute urinary retention requiring suprapubic catheterisation due to failure of urethral catheterisation. A retrograde and micturitional urethrocytography was subsequently requested, which revealed a stenosis of the bulbous urethra with a multi-diverticular bladder. The retrograde filling phase (via the vesical catheter) showed a stenosis of the bulbomembranous urethra with no opacification of the bladder, necessitating anterograde filling (via the suprapubic catheter). In addition, opacification of the collateral venous circulation (perineal and pelvic) was observed. The hyperpressure during contrast injection in the filling phase, together with traumatic catheterisation, may cause a urethrovenous fistula, resulting in this opacification of the collateral venous circulation. The patient underwent internal urethrotomy with subsequent restoration of natural micturition.

