



## LEECH IN THE BLADDER: A CASE REPORT

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**ABSTRACT** Various foreign bodies are reported in the genitourinary system and bladder being the most common site of a foreign body in the urinary tract. In most cases, the foreign body is removed transurethrally and with minimum access. We herein report a unusual case of a leech in the bladder. Our case highlights the importance of good history taking, clinical examination, relevant radiological investigation and simple measures to solve the problem.

**KEYWORDS** : Foreign body, Bladder, Leech.

**INTRODUCTION**

Many cases involving a foreign body in the bladder have been reported. In most of the cases, patients usually have a mental disorder or sexually perverted. Items introduced voluntarily into the bladder ranges from electrical cables, pencils, metallic rods to various medical equipments.<sup>1,2</sup> Patients presents with either acute or chronic symptoms because of complications.

**Case presentation**

A 55-year-old married male presented in casualty with complaints of lower abdominal pain with bleeding per urethra. He stated that after he came from fishing in the river one day back, he could not pass urine and he had to strain to pass urine. Bleeding started after he voided with pressure. A physical examination revealed mild suprapubic tenderness. No other findings were detected from an abdominal examination. A microscopic urinalysis revealed red blood cells with pus cells. The complete blood count showed low haemoglobin but the electrolyte profile was normal. No abnormalities were detected on a renal function test. Plain radiograph of the abdomen and pelvis region was normal. Ultrasound of the KUB region showed tubular foreign body with blood clot in urinary bladder. Patient was posted for cystoscopy under spinal anaesthesia. On cystoscopy a dead leech measuring about 12 cm was found inside the bladder. Whole of bladder mucosa was inflamed with blood clots. Marks of leech bite could be seen in bladder and urethra. Leech was removed gently with clot evacuation.

**DISCUSSION**

Leech manifestation is very common in tropical countries especially in rural areas where ponds and swamps are abundant. Leech commonly infests the body surface of the host to suck blood and the habit of entering anatomical orifices such as urethra, anus, nose, vagina and throat. Leeches are annelids or segmented sanguinivorous worms. Their body surface is slippery because of a wide distribution of slime glands. Haemorrhage from leech bite area tends to prolong because they secrete powerful anticoagulant hirudin which inhibits thrombin in the clotting process. In case of urinary bladder, haemostasis is further prevented due to steady urinary flow. The main symptoms of leech in the bladder include lower abdominal pain, gross hematuria, bladder irritation, and urinary tract infection. Ultrasound of KUB region and cystoscopy are the standard approach for diagnosing and

evaluating foreign bodies in the bladder, while CT and MRI are useful in some cases. Complete removal of the foreign body should be tailored according to its nature and dimensions, while causing minimal trauma to the bladder and urethra. In most reported cases, the leech was spontaneously expelled within 2–12 h of intravesical instillation of normal saline (0.9%). Cystoscopic removal is worth trying but in some cases suprapubic exploration for removal and control of bleeding under vision is required.

**CONCLUSION**

Detection of intravesical foreign bodies should be included in the differential diagnosis of patients with acute lower urinary tract problems even without any history of foreign body's insertion. Removal of foreign bodies from the urogenital system depends on the nature of the foreign body, age of the patient, adequate expertise, and equipment. A careful preoperative examination and imaging should be used to detect the characteristics of the foreign body and minimally invasive approach should be used to remove it whenever possible.

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