

## C14

### **Title: Spontaneous Urinary Bladder Rupture Mimicking Acute Renal Failure**

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Spontaneous rupture of the urinary bladder without a history of antecedent trauma is a rare occurrence, and when encountered, it is a diagnostic challenge. Patients usually present with features of acute abdomen, acute renal failure, urinary ascites, and sometimes urinothorax.

Our patient is a 46-year-old Hispanic woman presented to the emergency department with sharp, stabbing abdominal and pelvic pain for one week. Computerized Tomography was significant for a slight amount of fluid in the pelvis and a likely ruptured ovarian cyst.

The workup revealed abnormal renal function, large ascites, and large right pleural effusion. The patient then underwent multiple paracentesis and thoracentesis, but the fluid quickly reaccumulated. She subsequently had a chest tube placed.

The nephrology service was consulted for abnormal renal function. A kidney biopsy was done and was unremarkable. The pleural fluid analysis showed elevated Creatinine suggesting a urinothorax. Hence the urology service was consulted.

Cystoscopy showed a large bladder perforation; therefore, an exploratory laparotomy for repairing the bladder perforation was successfully performed. The renal function improved back to normal, and the chest tube was removed.

The patient's unique presentation prompts consideration and discussion of spontaneous bladder rupture and its manifestations.