

## ENDOSCOPIC TREATMENT OF BLADDER STONE CAUSED BY TRANSOBTURATOR MESH BLADDER EROSION

### Introduction

Stress urinary incontinence is a common condition that is often treated effectively with surgical procedures. Although several surgical options exist, transobturator tension-free vaginal tape procedures have gained popularity in the last decade due to relatively reduced invasiveness. The significant reported complications of tension-free tape procedures include bleeding, de novo urgency, voiding dysfunction, tape erosion and bladder perforation. Bladder and urethral erosion usually presents with haematuria, voiding symptoms, recurrent urinary tract infections and stone formation. Bladder erosion is usually the result of an unidentified perforation at the time of surgery. Perforations are managed with proper placement of the tape intraoperatively and slightly longer duration of indwelling catheter. Surgeon experience is the only factor that has been consistently associated with bladder perforation, while other evidence is contradictory for other factors such as BMI, previous hysterectomy and vaginal prolapse.

### Design

We report the case of a 71 years old woman with severe voiding symptoms and recurrent tract urinary infections. The patient was treated three years ago with a tension-free transobturator-tape as a result of stress urinary incontinence. As a consequence of the poor outcome in the course of those years a cystoscopy study was performed showing a bladder stone.

### Results

We performed percutaneous cystolithotomy with suprapubic amplatz of the bladder calculi with intracorporeal pneumatic lithotripter. During the procedure we realized that stone core was the bladder mesh. We tried unsuccessfully transurethral resection of the mesh. Combined access was performed in order to cut the tape for completely material removing. The post-operative period was uneventful and the patient void satisfactorily after removal of catheter on the second day after surgery. Cystoscopy study did not show recurrence after six months.

### Conclusion

A rare but alarming delayed complication is erosion of the tape into the vagina, urethra, or bladder. Only surgeons who have been properly trained in the use of this procedure should be performing this surgery, as surgeon experience is one of the only significant predictors of successful outcome. Candidates for the procedure must be carefully selected. Patients must be informed about the success rates and complications of the various surgical procedures. Percutaneous cystolithotomy with suprapubic amplatz is a safe and effective procedure for bladder calculi treatment.

### Disclosures

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