

Urological Emergencies; Spectrum of cases seen over a three year period in a Tertiary care Teaching Hospital in West Africa.

Abstract

Background: Urological emergencies are genitourinary conditions requiring immediate intervention to reduce morbidity and prevent mortality. The intervention may be medical or surgical. It constitutes a significant part of emergency presentations in our centre, however, there is a paucity of data on the pattern of these emergencies in our sub-region.

Objective: To determine the prevalence and pattern of urological emergencies in our centre aiming at bridging the gap in the knowledge of the epidemiology of urological emergencies in this sub-region to achieve efficient use of available scarce resources.

Methodology: The study was a three-year retrospective evaluation of urological patients presenting at the Accident and Emergency Department of the University of Port Harcourt Teaching Hospital. The accident and emergency department admission register and emergency theatre register were retrieved, and data was extracted, coded into Excel, and analyzed using SPSS Version 27.

Results: A total of eighteen thousand, one hundred and ninety-four emergencies were admitted over the study period of which Five hundred and ninety-two (592) patients had urological conditions. This gave a prevalence of urological emergencies was 3.25%. The ages ranged from 4 years to 100 years with a mean age of 56.0 ± 20.18 . Five hundred and forty-six (92.2%) were male while 46 (7.8%) were female. Urinary retention (281, 47.47%) was the commonest emergency followed by trauma (71, 10.64%), haematuria (99, 8.78%), and testicular torsion 33

(5.57%). Bladder injury was the commonest traumatic injury. Urethral catheterization 252 (42.57%) was the commonest emergency intervention while suprapubic cystostomy 60 (34.29%) was the commonest operative procedure.

Conclusion: The prevalence of urological emergencies in our Centre is 3.25% with urinary retention being the commonest emergency.

KEYWORDS: Urological emergencies, Urinary retention, hematuria, urethral catheterization, suprapubic cystostomy

INTRODUCTION.

Urological emergencies are an important part of urologic practices hence prompt diagnosis and interventions are necessary to reduce morbidity, preserve function and prevent mortality. Thirty-five percent (35.0 %) of urologic cases present as an emergency.¹ The pattern of the emergencies varies among sub-region.^{2,3} Males are more involved than females.^{4,5} No age group is exempted although the patterns of the emergencies vary among age groups.⁶ Urinary retention is the most common urological emergency in literature^{4,7}. Globally it is estimated that one-third of the burden of disease is attributable to surgical conditions however five billion people lack access to surgical care.⁸ Sub-Saharan Africa, is more vulnerable because of the fragile and underfunded health system, worsen by a depressed economy, poverty and ignorance.⁹ Availability of data is vital in planning and prioritization of healthcare delivery in the face of scarce resources.¹⁰ Paucity of data on urological emergencies in this sub-region often leads to underestimation of the problem. Knowledge of the prevalence and pattern of urological emergencies in the sub-region will assist in effective planning and utilization of the available scarce resources in the face of a

depressed economy. This study aims at bridging the gap in the knowledge of the prevalence and pattern of urological emergencies in the sub-region for effective and efficient health care delivery.

Methodology: The study was a three-year (1st January 2019 to 31st December 2021) retrospective evaluation of urological patients presenting at the Accident and Emergency Department of the University of Port Harcourt Teaching Hospital. University of Port Harcourt Teaching Hospital is a training and referral center located in Rivers State, South-South Region of Nigeria. The accident and emergency department admission register and emergency theatre register were retrieved. Data were extracted, coded into Excel, and analyzed using Statistical Package for the Social Sciences (SPSS) software version 26. The data extracted from the register includes age, sex, the reason for presentations, and emergency intervention rendered.

Results: Five hundred and ninety-two (592) patients with urological emergencies had their data extracted. The prevalence of urological emergencies was 3.25% (592/18,194). The ages range from 4 years to 100years with a mean age of 56.0 ± 20.18 . Sixty-five percent (65%) of the patients were fifty years and above with seventy years and above (≥ 70) being the commonest age group seen (29.39%). 546 (92.2%) were male while 46 (7.8%) were female with a sex ratio of 12:1. Urinary retention 281 (47.47%) was the commonest emergency followed by hematuria 99 (16.72%), trauma 71 (11.99%), and testicular torsion 33 (5.57%). Benign Prostatic enlargement 177(62.99%) was the commonest cause of urinary retention. Prostate cancer account for 58.6% of the causes of haematuria. Iatrogenic injuries account for 16 (22.44%) of traumatic emergencies. Bladder injury, urethral injuries, and penile fracture account for 29.58%,21.13%, and 8.45% of the traumatic injuries respectively. Urethral catheterization 252 (42.57%) was the

commonest emergency intervention while suprapubic cystostomy 60 (34.29%) was the commonest operative procedure. The under-listed tables and figure summarizes the results

Table 1: Socio-demographic characteristics of patients ($n=592$)

| Variable | Frequency | Percent (%) |
|-----------------|------------------|--------------------|
| Age | | |
| ≤19 | 22 | 3.72 |
| 20-29 | 61 | 10.30 |
| 30-39 | 63 | 10.64 |
| 40-49 | 61 | 10.30 |
| 50-59 | 73 | 12.33 |
| 60-69 | 138 | 23.31 |

| | | |
|---------------|------------------|-------|
| ≥ 70 | 174 | 29.39 |
| Mean (SD) | 56.0 \pm 20.18 | |
| Gender | | |
| Male | 546 | 92.23 |
| Female | 46 | 7.77 |

Figure 1: distribution of the causes of haematuria.

Table 2. Prevalence of Urological Emergency in UPTH ($n=18,194$)

| Variable | Frequency | Percent (%) |
|-----------------------------|------------------|--------------------|
| Urological Emergency | | |
| Yes | 592 | 3.25 |
| No | 17,602 | 96.75 |

Table 3: Reasons for Presentation (n=592)

| Reasons for presentation | Frequency | Percent |
|---------------------------------|------------------|----------------|
| Urinary retention | 281 | 47.47 |
| Haematuria | 99 | 16.72 |
| Trauma | 71 | 11.99 |
| Testicular torsion | 33 | 5.57 |
| UTI | 29 | 4.9 |
| Nephrolithiasis | 18 | 3.04 |
| Epididymorchitis | 14 | 2.36 |
| Priapism | 13 | 2.2 |
| Fournier's gangrene | 9 | 1.52 |
| Paraplegia | 7 | 1.18 |
| Low back pain | 3 | 0.51 |
| Painful renal cyst | 2 | 0.34 |
| Retained catheter | 2 | 0.34 |
| Uraemic encephalopathy | 2 | 0.34 |

| | | |
|-----------------------------|---|------|
| Ureteric stone | 2 | 0.34 |
| Urethritis | 2 | 0.34 |
| Enuresis | 1 | 0.17 |
| Genital wart | 1 | 0.17 |
| Penile ulcer | 1 | 0.17 |
| Post-biopsy rectal bleeding | 1 | 0.17 |
| Scrotal abscess | 1 | 0.17 |

Table 4: Causes of Urinary Retention (n=281)

| Causes Of Urinary Retention | Frequency | Percent |
|------------------------------------|------------------|----------------|
| BPE | 177 | 62.99 |
| CAP | 50 | 17.79 |
| Urethral stricture | 40 | 14.23 |
| Pelvic Tumour | 4 | 1.42 |
| Bladder calculi | 3 | 1.07 |
| UTI | 2 | 0.71 |
| Bladder tumour | 1 | 0.36 |
| Blocked catheter | 1 | 0.36 |
| Neurogenic | 1 | 0.36 |
| PUV | 1 | 0.36 |
| Vaginal prolapse | 1 | 0.36 |

Figure 2: pie chart showing the distribution of the causes of haematuria

Table 5: Nature of Trauma (n=71)

| Nature of Trauma | Frequency | Percent |
|-------------------------|------------------|----------------|
| Non-iatrogenic | 55 | 77.46 |
| Iatrogenic | 16 | 22.44 |

Table 6: Traumatic Injuries (n=71)

| Traumatic Injury | Frequency | Percent (%) |
|-------------------------|------------------|--------------------|
|-------------------------|------------------|--------------------|

| | | |
|-----------------------|----|-------|
| | | |
| Bladder injury | 21 | 29.58 |
| Scrotal laceration | 16 | 22.54 |
| Urethral injury | 15 | 21.13 |
| Ureteric injury | 6 | 8.45 |
| Penile fracture | 6 | 8.45 |
| Renal injury | 3 | 4.23 |
| Pathological fracture | 2 | 2.82 |
| Penile amputation | 1 | 1.41 |
| Penile laceration | 1 | 1.41 |

Table 7: Emergency Intervention (n=592)

| Emergency Intervention | Frequency | Percent |
|-------------------------------|------------------|----------------|
|-------------------------------|------------------|----------------|

| | | |
|--------------------------------|-----|-------|
| Urethral catheterization | 252 | 42.57 |
| Conservative | 129 | 21.79 |
| SPC | 60 | 10.14 |
| Bilateral orchidopexy | 31 | 5.24 |
| Transfusion | 18 | 3.04 |
| Bladder repair | 16 | 2.7 |
| Suturing of scrotal laceration | 15 | 2.53 |
| Bladder irrigation | 12 | 2.03 |
| Shunt procedure | 10 | 1.69 |
| Debridement | 9 | 1.52 |
| Cystoscopy | 8 | 1.35 |
| Penile fracture repair | 6 | 1.01 |
| Repair of ureteric injury | 6 | 1.01 |
| Emergency prostatectomy | 5 | 0.84 |
| Back slab | 2 | 0.34 |
| Emergency nephrectomy | 2 | 0.34 |
| Orchidectomy + pexy | 2 | 0.34 |
| Removal of retained catheter | 2 | 0.34 |
| Wound care | 2 | 0.34 |
| Biopsy | 1 | 0.17 |
| Incision and drainage | 1 | 0.17 |
| Penile stump refashioning | 1 | 0.17 |

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|-------------------------------|---|------|
| Suturing of penile laceration | 1 | 0.17 |
| Vesicourethrotomy | 1 | 0.17 |

Table 8: Operative Intervention (n=175)

| Variables | Frequency | Percent |
|--------------------------------|------------------|----------------|
| Suprapubic cystostomy | 60 | 34.29 |
| Bilateral orchidopexy | 31 | 17.71 |
| Bladder repair | 16 | 9.14 |
| Suturing of scrotal laceration | 14 | 8 |
| Shunt procedure | 10 | 5.71 |
| Debridement | 9 | 5.14 |
| Cystoscopy | 8 | 4.57 |
| Penile fracture repair | 6 | 3.43 |
| Repair of ureteric injury | 6 | 3.43 |
| Emergency prostatectomy | 5 | 2.86 |
| Emergency nephrectomy | 2 | 1.14 |
| Orchidectomy + pexy | 2 | 1.14 |
| Suturing of penile laceration | 2 | 1.14 |

| | | |
|---------------------------|---|------|
| Genital wart biopsy | 1 | 0.57 |
| Incision & drainage | 1 | 0.57 |
| Penile stump refashioning | 1 | 0.57 |
| Vesicourethrotomy | 1 | 0.57 |

DISCUSSION:

From our study, the prevalence of urological emergencies was 3.25%. This was similar to that reported by Salako in Southwest, Nigeria; where he reported a prevalence of 3.2%.¹¹ However this was lower than the prevalence in Burkina Faso and France where Traore and Boissier reported 3.7% and 4.2% respectively.^{12, 13} The mean age of our patients was 56.0 ± 20.18 years. Most of our patients presented due to complications of prostate-related diseases, and this disease occurs commonly in men above 50 years. This finding is similar to what has been reported in several studies. Traore et al reported a mean age of 56.59 years.¹² Diabaté, Fall, and Diallo et al all in Africa reported an average age of 59, 58.8, and 56 years, respectively^{14,3,15}. In Nigeria, Okeke in the Southeast and Muhammad in the Northwest reported a mean age of 50.6 and 45.88 ± 12.03 years respectively which was similar to our study^{4,7}.

Male predominance has been the norm in literature and our study was not different as the sex ratio of 12:1 was found. This is due to the fact that because presented with prostate-related problems which inflict only on men. Our finding is similar to that of Traore et al who also reported male predominance with a ratio of 12.05:1.¹² However higher male preponderances

have been reported. Salako, Babatunde, and Okeke et al reported a sex ratio of 17:1, 23:1, and 28.6:1 respectively.^{11,16,4}

Urinary retention has been reported as the commonest urological emergency in most literature. It is the inability to void despite a full bladder. It can be acute where there is a sudden onset of inability to void despite intense urge associated with severe pain or chronic which is gradual and usually without pain. For this study, both acute and chronic presentations were reported together as urinary retention. It was the commonest urological emergency in our study accounting for 47.47%. This was similar to the 48.28% reported by Traore in Burkina Faso.¹² Diallo, Okeke, and Diabete et al reported that urinary retention accounted for 57.3%, 59.6%, and 66.13% respectively.^{17,4,14} The difference in the frequency of urinary retention in our center when compared to others may be due to the availability of functional peripheral facilities where some patients present and had their retention relieved before being referred for care. The prostate tumor was the primary etiology of urinary retention in 80 % with benign prostatic enlargement accounting for 62.99% which is similar to 62.5% and 67.4% reported by Cyprien and Okeke respectively.^{18,4} Urethral stricture disease is a common cause of urinary retention among young men. In our study, 40 (14.23%) of the patients with urinary retention had urethral stricture as the primary etiology. This finding is in keeping with the report from Ghana where urethral stricture accounted for 14.7% of urinary retention.¹⁹

Gross haematuria was the reason for presentation in 16.72% with prostate cancer as the primary etiology of haematuria in 58.59% followed by bladder tumour (27.27%). This is different from the finding by Muhammad in Sokoto where haematuria accounts for 38.1 % of the emergencies and bladder cancer were the commonest cause of haematuria.⁷ Also Traore et al in Burkina Faso reported that bladder tumors account for 78.95% of the patients presenting with haematuria.¹²

The marked difference could be due to health-care-seeking behavior between the sub-regions and the higher incidence of mitotic lesions of the prostate in our sub-region.

Trauma is a major cause of morbidity and mortality globally accounting for approximately 10% of all mortalities.²⁰ Genitourinary tract trauma accounts for 10% of patients presenting with trauma.²¹ In our study genitourinary tract trauma account for 11.99% of emergencies. This was higher than that reported by Cassell and Traore where trauma accounted for 6.6% and 6.51% respectively.^{22, 12} Bladder injury was the commonest traumatic injury accounting for 29.58% followed by scrotal laceration and urethral injury accounting for 22.54% and 21.13% respectively. Our finding was also different from that of Cassell and Traore who saw more traumatic urethral injuries- 42.9% and 47.06% respectively. The higher frequency of traumatic injuries in our study could be a result of the increased use of automobiles in the sub-region which increases accidental injuries. The reduction in urethral injuries may be due to proper urethral catheterization which reduces catheter-related urethral injuries in our sub-region. Urolithiasis accounted for 3.38% of urological emergencies in our study. This was similar to the 3.3% reported in Abuja.²³ Testicular torsion contributed 5.57% of the emergencies. This was lower than the 9.8% reported in Abuja.²³ These regional differences could be due to regional differences in healthcare-seeking behaviour and late presentation is still a problem in our sub-region evidence as 2 (1.14%) of the patients with torsion presented late with gangrene of one of the testes and subsequently had unilateral orchidopexy and Orchidectomy for the gangrenous testis. 13 (2.2%) of our patients presented with priapism. This was in keeping with the incidence of 2.6% reported in Cotonou, Benin.²⁴

Most of our patients had urethral catheterization as an emergency intervention (42.57%) which is similar to other studies however the frequency was slightly lower than that from other studies.^{4,17}

The suprapubic cystostomy was the most performed surgical procedure (34.29%). This rate was similar to what was reported in Segou, Mali and Kano, Nigeria where up, to 38% and 39% of urinary retention were relieved by suprapubic cystostomy respectively.^{25, 26} Orchidopexy account for 18.85% of the surgical intervention offered. This was much higher than the 1.7% reported in Northern Nigeria.⁷ This difference could be explained by the higher incidence of testicular torsion in our study compared to theirs. Wound debridement accounted for 9 (5.14%) of the surgical procedures done. This was lower than the 8.4% reported by Okeke et al in the Southeastern part of Nigeria.⁴ The difference could be explained by our study's lower incidence of Fournier's gangrene.

CONCLUSION:

Urological emergencies are common, however, there is a paucity of data in our sub-region. Our study revealed a prevalence of 3.25% and urinary retention as the most common emergency. The data provided by this study will help in bridging the knowledge gap and also in health care planning.

Limitation.

Retrieving data from the admission register limit the scope of the study.

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