

An unusual etiology of fever of unknown origin: Foley catheter

Sebebi bilinmeyen ateşte nadir bir neden: İdrar sondası

Şahin ASLAN,¹ Yavuz KATIRCI,¹ Turgut YAPANOĞLU,²
Hayati KANDİŞ,¹ Mustafa UZKESER¹

Fever may appear due to known causes such as infections, but may sometimes occur as a result of unknown pathologies. These pathologies can be included in a miscellaneous group of fever of unknown origin. We report one case of bladder stone including a foreign body in a 40-year-old man with a stroke admitted for high fever, blocked miction and bladder symptoms.

Key Words: Emergency; fever; Foley catheter.

Yüksek ateş, enfeksiyon gibi belli bir nedene bağlı olarak gelişebildiği gibi, nedeni belirlenemeyen patolojilere bağlı da gelişebilir. Bu patolojiler nedeni bilinmeyen ateşin değişik gruplarını içerebilir. Biz burada, yüksek ateş, üriner sistem semptomları ve idrar yapamama şikayeti ile başvuran 40 yaşındaki bir erkek hastayı sunduk.

Anahtar Sözcükler: Acil; ateş; idrar sondası.

Fever of unknown origin was first defined in 1961 as: (a) a temperature greater than 38.3°C, (b) duration of illness of more than three weeks, and (c) failure to reach a diagnosis despite one week of inpatient investigation.^[1] To date, more than 200 distinct disorders haven been reported as the cause of fever of unknown origin.^[2] Herein, we present an interesting case with an unusual cause of fever of unknown origin.

CASE REPORT

A 40-year-old male patient, followed with the diagnosis of stroke in another hospital, was admitted to our university hospital due to persistent high fever. It was reported that the patient had had unreduced fever between 38.5-40.0°C for six days. On admission, he was confused and agitated, his Glasgow Coma Scale (GCS) was 13 (E3-M6-V4),

and the vital signs were as follows: body temperature: 39.5°C, pulse rate: 110 bpm, blood pressure: 100/70 mmHg, respiratory rate: 25/minute, and oxygen saturation: 97%. On physical examination, all systems were determined as normal except for the abdomen. There was general tenderness especially on the lower quadrants of the abdomen; no rebound or defense was observed. On admission, his white blood cell count was 28,000/mm³, blood urea nitrogen 32 mg/dl, and creatinine 1.8 mg/dl; other laboratory findings were within normal limits.

We wanted to insert Foley catheter for urinalysis, but the patient strongly resisted. Therefore, to exclude any intraabdominal pathology, a whole abdominal ultrasonography (USG) was performed, which revealed a hyperechoic area possibly due to a strange object in the bladder (Fig. 1a). Before antibi-

Departments of ¹Emergency Medicine and ²Urology,
Atatürk University Faculty of Medicine, Erzurum, Turkey.

Atatürk Üniversitesi Tıp Fakültesi, ¹Acil Tıp Anabilim Dalı,
²Üroloji Anabilim Dalı, Erzurum.

Correspondence (İletişim): Şahin Aslan, M.D. Atatürk Üniversitesi Tıp Fakültesi, Acil Tıp Anabilim Dalı, 25090 Erzurum, Turkey.
Tel: +90 - 442 - 316 63 33 / 1461 Fax (Faks): +90 - 442 - 316 63 40 e-mail (e-posta): saslan29@gmail.com

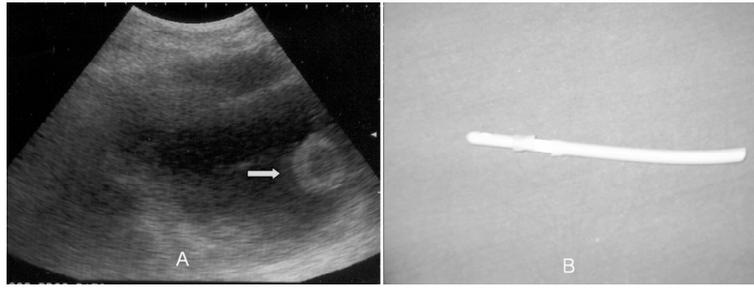


Fig. 1. (a) Ultrasonographic examination with 7.5 MHz linear transducer shows a hyperechoic image in the bladder. (b) Part of a Foley catheter extracted from the bladder.

otic treatment was started, urine and blood specimens were taken for blood and urine cultures. Urology consultation was obtained in the emergency department and the patient was hospitalized. On the same day, a foreign body, part of a Foley catheter (Fig. 1b), was extracted. Further investigation revealed that a Foley catheter had been applied at the first medi-care unit to which the patient had applied. A relative reported that the patient had experienced discomfort due to the catheter and had cut it himself. The postoperative course was uneventful, and the patient was discharged from the hospital on the 5th postoperative day.

DISCUSSION

In conclusion, more than 200 reported causes of fever of unknown origin can be classified into four diagnostic categories as: infections, tumors, noninfectious inflammatory diseases, and miscellaneous.^[2,3] The bladder can be the site of various for-

eign bodies. These pathologies can be involved in the miscellaneous group of the fevers of unknown origin. A scan of the literature showed that similar cases have been observed.^[4,5] Physicians should be aware of this point in the treatment and follow-up of patients, particularly those having mental structure change.

REFERENCES

1. Petersdorf RG, Beeson PB. Fever of unexplained origin: report on 100 cases. *Medicine (Baltimore)* 1961;40:1-30.
2. Arnow PM, Flaherty JP. Fever of unknown origin. *Lancet* 1997;350:575-80.
3. Hirschmann JV. Fever of unknown origin in adults. *Clin Infect Dis.* 1997 Mar;24(3):291-302.
4. Fekak H, Rabii R, Moufid K, Guessous H, Joual A, Bennani S, et al. Bladder stone surrounding a foreign body: a case report. *Ann Urol (Paris)* 2003;37:79-80.
5. Irisawa C, Yamaguchi O, Shiraiwa Y, Kikuchi Y, Irisawa S, Irisawa C. A case of a foreign body in the urinary bladder-a surgical suture needle was found in urinary bladder. [Article in Japanese] *Hinyokika Kyo* 1991;37:1547-9. [Abstract]