OBJECTIVE: Present series of malpositioned GU catheters and complications.

TARGET AUDIENCE: Radiology residents and fellows.

BACKGROUND:

• Leading complications of urinary catheterization include urinary tract infection and genitourinary trauma.

• Urinary catheter malposition is rare in relation to numberinserted.

No conflicts of interest to disclose
Fig 1. Delayed phase scan from contrast-enhanced CT in 26-year-old male involved in MVC with Foley catheter placed in ED. Sagittal image depicts Foley catheter traversing bulbar urethra, with tip and balloon (black arrow) anterior to prostate, extraperitoneal gas (white arrowhead), and presacral hematoma (white arrow). Pelvic fractures are not pictured.

**Most common locations of malpositioned Foley catheters:** Prostatic urethra, ureter

**Associated complications:** Ureteral rupture, hydroureteronephrosis, urinary outflow obstruction (1).
Fig 2. Contrast-enhanced CT in 41-year-old female with multiple sclerosis and neurogenic bladder presenting with left flank pain 7 days post suprapubic bladder catheterization. Axial image (a) shows suprapubic catheter tip extending into left ureteral orifice (black arrow). Axial image (b) shows left hydronephrosis, delayed nephrogram, and perinephric fat stranding (white arrow).
MALPOSITIONED URETERAL STENT

Fig 3. 71-year-old post laparoscopic TAH-BSO and pelvic lymph node dissection for endometrial adenocarcinoma, complicated by right ureteral transection and repair. KUB (a) shows right ureteral stent located abnormally medially (black arrow). Coronal contrast-enhanced CT image (b) shows proximal pigtail of right ureteral stent within the IVC (white arrow) and pelvic urinoma (arrowhead). Surgery confirmed inadvertent anastomosis of right ureter to right gonadal vein.

Most common locations of malpositioned ureteral stents: ureter, collecting system, renal parenchyma
Associated complications: urinoma, hematoma (3).
CONCLUSION: MDCT allows for accurate localization of urinary catheter position and complications of malposition.

REFERENCES:


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