372 XIX. Diseases of the Urinary System

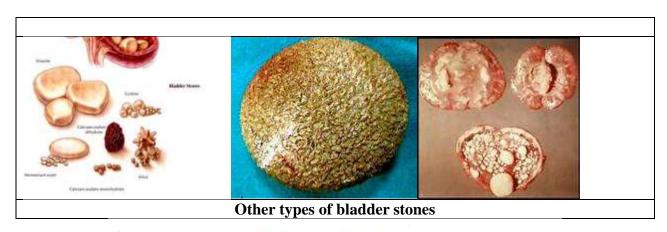
	AIA. Diseases of the Officiary System		
Calculus			
Urinary bladder:	Shows a calculus		
The calculus:	Large (about a hen's egg)		
	Rounded (slightly ovoid)		
	With an almost smooth surface		
	Chalky-white		
	Solid but friable		
	COER CALOU		
ND.			

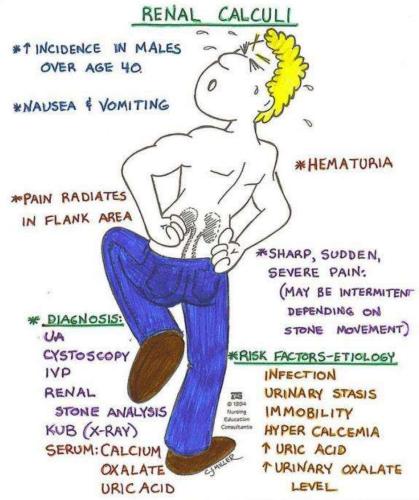
### *N.B.*:

- This is an example of the **pure form of phosphate stone** of the urinary bladder.
- It is usually single (occasionally multiple).

### Calculi:

- 1. Primary (originating in the bladder) due to retention of urine and infection.
  - They are of mixed composition (calcium, ammonium and magnesium phosphates, carbonates, urates, etc.).
- 2. Secondary (originating in the kidney and renal pelvis  $\rightarrow$  passing into bladder)
  - Clinically, either no symptoms (silent) or → chronic irritation, obstruction and inflammation → frequent painful micturition, haematuria and pyuria.





Stricture			
Urethra:	Wall:	Is thickened	
		Shows fibrosis	
	Lumen:	Is narrowed	

# **N.B.:**

Narrowing (stricture) of the urethra may be due to the formation of excessive fibrous tissue in the wall and subsequent contraction.

# Stricture of the urethra:

## I. Inflammatory:

## **Gonorrheal:**

- Stricture may be: Single or multiple
- Site: Bulb or anterior urethra.

## II. Traumatic:

- 1. Rupture from a fall on perineum.
- 2. Injury by instruments.
- Site: Membranous urethra.

## III. Congenital defect:

- Valve-like fold of mucosa.
- Site: Posterior urethra.

# Effects of stricture of urethra:

# 1. Bladder:

- Hypertrophy.
- Dilatation.

### 2. Ureters and renal pelvis:

• Dilatation.

# 3. Kidneys:

- Hydronephrosis (bilateral).
- Infection (ascending pyelonephritis).

The effects, in general, resemble those produced by prostatic enlargement and obstruction but with the following two differences:

- 1. No residual urine.
- 2. Straining helps micturition.