


An elderly man with a malpositioned Foley catheter

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Dear Editor,

An 87-year-old man was admitted in the emergency room with gross hematuria and penile pain after Foley catheter placement. The patient with benign prostate hyperplasia (BPH) had lost his appetite for several days; thus, a Foley catheter (16 Fr) was blindly placed to measure urinary output in a nursing home. Ultrasonography revealed that the catheter was not observed in the bladder. Computed tomography confirmed the balloon of Foley catheter in the proximal penile urethra (**Figure 1**). Therefore, urethral injury due to Foley catheter malposition was diagnosed. The malpositioned catheter was removed, and hemostasis with whistle-tip catheter (22 Fr) placement was performed under x-ray guidance. Five days later, the whistle-tip catheter was removed. The patient has had no recurrence without any additional treatment after the procedure.

Several complications related to urinary catheterization have been described, including urinary tract infection, urethral trauma, bleeding, and urethritis [1].

However, many iatrogenic urethral injuries are preventable [2]. For the prevention of Foley catheter malposition, it is important to be cautious of the catheter insertion length and check whether the balloon can be inflated without resistance, especially in patients with BPH or prior transurethral resection of the prostate, which can cause urethral strictures.

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Figure 1. Computed tomography revealing the balloon of Foley catheter in the proximal penile urethra (A: axial section, B: sagittal section)

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