

Case Report



A Case of Polypoid Cystitis Mimicking Bladder Tumor in Asymptomatic Patient

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ABSTRACT

We report a 31-year-old male with a polypoid mass that was revealed by abdominal ultrasound during a health checkup and was confirmed by subsequent cystoscopy. The patient underwent transurethral resection. Histological examination of the resected specimen showed polypoid cystitis. Clinical, macroscopic, and radiologic findings for polypoid masses may overlap; thus, histologic evaluation is required.

Key words: Cystitis, Urinary Bladder, Carcinoma, Ultrasonography

ÖZET

Asemptomatik Hastada Mesane Tümörünü Taklit Eden Polipoid Sistit Olgusu

Biz check-up sırasında abdominal ultrasonografi ile ortaya çıkarılan ve sonrasında yapılan sistoskopi ile de teyid edilen polipoid kitlesi olan 31 yaşında erkek hastayı sunduk. Hastaya transüretal rezeksiyon yapıldı. Rezeke edilen spesmenin histopatolojik tanısı polipoid sistitti. Klinik, makroskopik ve radyolojik olarak polipoid kitleler çakışabilir ve histolojik değerlendirme gerekebilir.

Anahtar Sözcükler: Sistit, Mesane, Karsinom, Ultrasonografi

Polypoid cystitis is a reversible, exophytic inflammatory lesion of the bladder mucosa and is characterized histologically by normal or mildly hyperplastic urothelium overlying a congested, chronically inflamed and markedly edematous stroma (1).

Polypoid cystitis is recognized frequently in patients with indwelling catheters and is seen mostly on the dome and posterior wall of the bladder which corresponds to the localization of the tip of the catheter. It may be difficult to distinguish it from transitional cell carcinoma macroscopically at cystoscopy because of exophytic nature of the lesion, especially in patients with no history of a catheter (2).

In this case, we present the radiologic and pathologic features of patient with polypoid cystitis who did not have an indwelling catheter and was confused with bladder tumor at initial radiologic and cystoscopic evaluation.

CASE REPORT

A 31-year-old male patient was admitted to hospital for check up. There was no history of urinary catheteriza-

tion, trauma or urogenital disease. Laboratory tests were as follows: serum hemoglobin 13.3 g/dl, white blood cell count 9800/mm³; hematocrit 45 % (37-52) and platelet count 400.000/mm³. Liver and renal function tests and urine analysis were normal.

The abdominal ultrasound showed a 7 mm polypoid mass projecting into the bladder lumen (Figure 1). During cystoscopy, sessile, papillary lesion was seen on the trigon of bladder. Transurethral resection of the tumor was performed. The pathological diagnosis was polypoid cystitis (Figure 2).



Figure 1. Transabdominal US image was shown a 7 mm solid homogeneous echoic mass protruding into the bladder lumen.

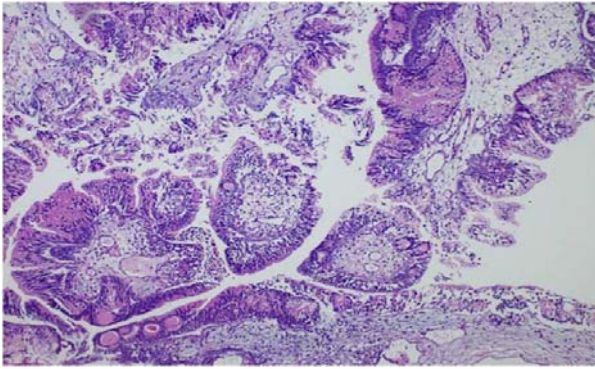


Figure 2. Microscopic examination of the hematoxylin and eosin stained sections revealed broad-based papillae with submucosal edema and scattered inflammatory cells.

DISCUSSION

The term “polypoid cystitis” was used by Mostofi and by Friedman and Ash for a related process characterized by polypoid mucosal lesions (3,4). It is associated usually with the presence of an indwelling catheter. Ekelund and Johansson have found the histologic changes of polypoid cystitis in 41 of 50 geriatric patients treated with bladder catheterization (5). Most of the lesions (34/50 patients) were on posterior wall which was corresponding to the localization of catheter tip (5).

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