

Inflammatory Pseudotumour of Urinary Bladder

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A young patient with gross haematuria was evaluated radiologically which revealed a solid mass measuring 7x7 cm in the urinary bladder. Cystoscopy showed a big solid mass at bladder dome. Biopsy was taken endoscopically. Histologically it turned out to be inflammatory pseudotumour. Later partial cystectomy was done with 1cm healthy margins. Repeat biopsy confirmed the findings of previous histopathological examination.

Introduction

Inflammatory pseudotumour is a rare pathological entity. In urogenital tract most frequently it involves urinary bladder and prostate. It cannot be distinguished radiologically from malignant tumours. Post infectious etiology has been proposed originating in an inflammatory process. We report a case of inflammatory pseudotumour of urinary bladder with review of literature.

Patient X presented in our patient department with history of haematuria for the last 8 weeks. It was not associated with other lower tract symptoms. Haematuria was gross and mixed. General physical examination revealed marked pallor. There was no positive finding in systemic examination. His vital signs were within normal limits. Investigations revealed that his hemoglobin was 8gm% and renal functions were normal. Urine analysis showed field full of red blood cells. Ultrasonography of abdomen revealed normal kidneys and a solid mass in the urinary bladder measuring 7x7 cms. Ultrasonography showed normal excretion of dye from both kidneys and a filling defect at the dome of bladder Fig-1. C-T scan confirmed the findings of ultrasonography. There was no extravesical extension of the mass or enlargement of pelvic lymph nodes Fig-2. Cystoscopy revealed a big solid growth at the dome of urinary bladder. Complete resection was not possible because of large volume of the mass. Biopsy was taken and sent for histopathology.

The report came out to be pseudo inflammatory tumour of the bladder Fig-3. So partial cystectomy was carried out along with 1cm. healthy margins. Bladder was drained with a Foley catheter for one week. Postoperative period was uneventful. Repeat biopsy confirmed the findings of previous histopathological examination. Check cystoscopy at 3 months revealed no recurrence.



Fig.1 Cystogram showing a filling defect at the dome of bladder.



Fig.2: C-T pelvis showing solid mass in the bladder

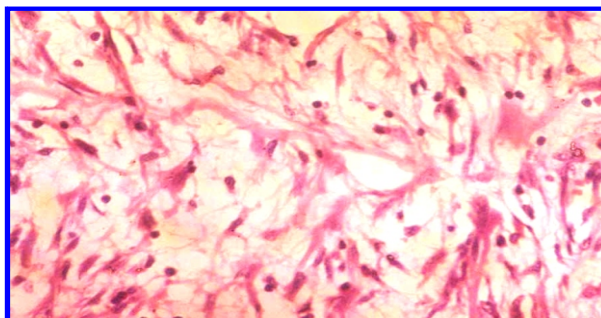


Fig.3 Fibroblastic Stroma with myxoid material and

sprinkling of lymphocytes. 40X.

Discussion

Inflammatory pseudotumour is a rare pathological entity which may involve urinary tract. Most common site is urinary bladder but involvement of kidneys and prostate has also been reported. Other synonyms like pseudosarcomatous fibromyxoid tumour, pseudomalignant spindle cell nodule and pseudosarcoma have also been used for this condition. Histologically it is usually composed of spindle cells with collagenous myxoid matrix and network of small blood vessels. Nuclei of spindle cells are large and occasionally multiple. Eosinophils are common. Mixed infiltrate of lymphocytes and plasma cells may be prominent. Ultrastructural studies have shown that spindle cells are fibroblastic or myofibroblastic in origin¹.

The condition must be distinguished from spindle cell carcinoma and leiomyosarcoma. The exact etiology is

Unknown but post infectious or reactive antigenic response has been suggested as etiological factors.^{2,3} Patients with inflammatory pseudotumour of urinary bladder usually present with haematuria. The condition is radiologically indistinguishable from transitional cell carcinoma of urinary bladder. Treatment consists of complete endoscopic resection or partial cystectomy which is almost always curative. However close follow up is essential. It generally follows indolent nature. However recently evidence has been accumulated suggesting that this entity is of low grade neoplastic nature. Accordingly it has been proposed that it should be renamed as inflammatory myofibroblastic tumor.⁴

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